DOCUMENT RESUME

ED 292 540 PS 017 146

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TITLE Making Child Care Work. Report to the 1987 Minnesota Legislature by the Child Care Task Force.
INSTITUTION Minnesota Council on Child, Youth and Families, St. Paul.
SPONS AGENCY Minnesota State Dept. of Human Services, St. Paul.
PUB DATE Jan 87
NOTE 196p.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC08 Plus Postage.
DESCRIPTORS Certification; *Day Care; *Day Care Centers; *Educational Facilities Improvement; Insurance; *Program Improvement; *State Government; *State Programs; Statewide Planning; Teacher Education Programs; Teacher Qualifications
IDENTIFIERS Meal programs; Minnesota

ABSTRACT

This report makes recommendations to the 1987 Minnesota Legislature on some actions that can be taken to improve Minnesota's child care system and make it work more effectively. The first section of the report documents the growing need for child care, emphasizing the number of children in Minnesota, the number of women in the labor force, changes in family structure and economic conditions, and the need for flexible child care arrangements. The second section focuses on the task force's findings and recommendations regarding: (1) availability of insurance for day care providers; (2) administration of the child care food program; (3) indicators of quality child care; (4) ratios and age grouping of children; (5) fire safety standards; and (6) regulations of child care services. Results from a telephone survey of 115 Minnesota child care providers are given in the third section, which also contains a copy of the survey questionnaire. The final section describes the Minnesota Council on Children, Youth, and Families, and lists the Child Care Task Force's members. Attached are eight appendixes on the topics of: (1) day care liability insurance survey results; (2) the child care food program; (3) fire safety in day care; (4) competency standards: Minnesota Family Day Care Training and Assessment Project; (5) licensing and alternative forms of regulation; (6) research on indicators of quality in child care; and (7) community meetings. A bibliography with 25 references concludes the report. (SKC)

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Making Child Care Work

Child Care Task Force Report to the 1987 Minnesota Legislature

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Making Child Care Work

Report to the 1987 Minnesota Legislature
by the Child Care Task Force

Minnesota Council on Children, Youth and Families
Department of Human Services
4th Floor Centennial Office Building
St. Paul, MN 55155

January, 1987

Credits: This report was written and edited by council staff, Sheila Moriarty and Kathlyn Nelson. Frances Sontag conducted the survey and wrote the findings. Research assistance on demographic data was provided by David Wood. James Franzcyk provided technical support in survey analysis.

STATE OF MINNESOTA

OFFICE OF THE LIEUTENANT GOVERNOR

SAINT PAUL

MARLENE JOHNSON
LIEUTENANT GOVERNOR

Dear Legislators:

As Honorary Chair of the Child Care Task Force, I hosted a series of fifteen meetings around the state to listen to parents, providers, and community leaders talk about the needs of families with young children. In every community, the need for more and better child care services dominated the discussion. Parents described critical shortages for infant care, sick-child care, and school-age child care. Providers talked about the regulatory process that often seems to restrict rather than encourage the development of better child care services. Community leaders acknowledged the importance of child care as a support for the many families who must work or train for work.

The realities of family life are not always reflected in our public attitudes. The fact is that parents with young children must work. Economic need, not greed, dictates this. And the young children in these families are entitled to good care. Child care that is affordable, available and that adapts to the changing patterns of work and family life is an essential and critical support for families today.

However, as this report shows, the child care services in Minnesota are shrinking at the time when the need for such services is greatest. This is cause for concern. The report of this task force, Making Child Care Work, presents recommendations about what must be done to reverse this trend. I urge you to act upon these findings.

Minnesota has long been a leader in the development of quality child care. Many professionals and community groups both in and out of government have been responsible for the growth of our present and fine system. The purpose of this report is to offer ways to build, support and expand upon our present system. I congratulate the Legislature for its concern about this issue and pledge my support in making child care a priority for Minnesota.

Sincerely,

Marlene Johnson

Marlene Johnson
Lieutenant Governor

CHILD CARE TASK FORCE

We, the undersigned, have completed this report and it accurately reflects our recommendations to the Minnesota Legislature for child-care services in Minnesota.

Dennis DeMers, Chair

Mary Lou Johnson

Shirley Bosch

Nancy Jorgenson

Stella Bowland

Jennifer Lamberson

Renee Bruce

Senator Marilyn Lantry

Bill Collins

Beverly Propes

Marlys Johnson

Dr. Sandra Sackett

Margaret Sheggrud

Vicki Vavra

Rosemary Somerville

Representative Dale Clausnitzer

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THE CHARGE TO THE TASK FORCE

The Minnesota Legislature enacted the Child Care Services Act in 1986. This Act states that "the availability of child care is essential to the welfare of the state. Further, . . . the regulation of child-care services affects the availability of child care. It is the intent of the legislature that child care standards and regulatory methods facilitate the availability of safe, affordable, quality child care throughout the state."

In order to study child-care services, the legislature directed that a task force be established under the auspices of the Council on Children, Youth and Families. It asked that the task force study the following matters related to child care:

(1) availability of liability insurance for providers;

(2) administration of the federal Department of Agriculture's Child Care Food Program, including guidelines for administering the program in a manner that minimizes financial burdens on providers;

(3) identification of objectively validated indicators of quality day care;

(4) methods for establishing children/staff ratios that take into consideration the age distribution of children in daycare;

(5) methods for establishing safety standards for daycare facilities that consider the findings of empirical studies of fire detection factors, fire spread factors, and evacuation of daycare homes in case of fire; and

(6) alternative methods of daycare regulations that increase the variety of daycare available to consumers and increase the types and categories of licensure, including conditional and restricted licenses.

The Laws of Minnesota (1986), chapter 395, section 11

The findings and recommendations of this report are presented to the health and human services committees of the Minnesota Legislature in fulfillment of their charge.

January 1, 1987

EXECUTIVE SUMMARY

While the need for more child care is growing rapidly, the present child-care system is shrinking. Unless this trend is reversed, Minnesota will not have enough child care to meet the needs of working families with children. This report makes recommendations on some actions that can be taken to improve Minnesota's child-care system and to make it work more effectively.

The demographics reveal this data. At least half of the mothers with preschoolers and two-thirds of mothers with school-age children work outside the home. Nearly half of mothers with children under one year are in the labor force. The numbers of Minnesota children under age six increased by 35,879, a 10 percent rate of growth from 1980 to 1985. In addition, data shows that in Minnesota, parents prefer to use formal child-care arrangements.

Increased demand has not meant increased supply. While the numbers of available daycare openings in Minnesota increased by 20 percent between 1980 and 1981, the increase in the next year was only 7 percent. The growth rate slowed to 3 percent each year between 1982 and 1985. In the past year, the number remained static.

In the 1986 Child Care Services Act, the Legislature identified six problem areas for study and asked the task force to recommend ways in making child care more available. In particular, they asked the task force to study how the regulation of child-care services affects the availability of child care. They identified six areas of inquiry.

- Is insurance available?
- Can the Child Care Food Program be administered better?
- What are reliable indicators of quality in child care?
- What are appropriate ratios?
- How can safety standards be established?
- What regulatory method will increase the variety of day care available to consumers?

The task force came to the following conclusions:

Insurance is available. The problem is that its costs are sometimes prohibitive. Rates have increased for the operators of child-care centers by as much as 300 percent. Family daycare providers report that their rates have increased 100 percent. What can be done? Rates need to be adjusted through the state's Joint Underwriting Association so that insurance premiums are reasonably priced. An insurance hotline needs to be set up to help the many who need help with insurance information. Finally, the state needs to work towards tort reform.

Participation in the Child Care Food Program was cited as a major reason why family daycare providers choose to become licensed. In general, providers praise the way in which the food program is run. But bureaucratic red tape at the federal, state, and local levels can cause backups, and providers lose needed reimbursements. Providers ask that this process be speeded up. A second problem is that center-based providers are excluded from using the program because of federal regulations that restrict eligibility. The task force urges the state to supplement federal funds so that children in centers can use this program also.

What does "quality child care" mean? The task force identifies certain features that should be present in a good child-care setting. Further, they argue that the qualifications of the providers are important determinants of good care. They recommend that the state promote competency-based training for family daycare providers. New child-care rules should reflect state-of-the-art findings in child deverlopment. Lastly, they suggest that the payment scales be developed to reflect the various competencies of providers.

What is the right number of children that any one provider can take care of? The answer to this question must reflect an understanding of political and economic realities as well as what is best for children. The task force believes that the present ratios in family daycare are appropriate and make recommendations for new ratios in child-care centers based on national accreditation data. Ages need to be defined consistently in all rules and multi-age grouping should be allowed as an option for centers.

Establishing fire safety standards can be a problem area. The imposition of standards that seem unreasonable or inconsistent only encourages the growth of unlicensed care, placing children at greater risk. The task force believes that fire prevention and control can best be achieved through education and training. In particular, the task force asks for changes in the building code standards to facilitate the growth of family daycare.

Finally, the task force agrees that Minnesota should try to make its licensing system work more effectively rather than experiment with other regulatory methods. Licensing offers children the best kind of protection at a time when more and more children must use child care. The present system will only work, however, if the state develops reasonable and clear standards, has a consistent enforcement strategy, and offers support to the providers. Right now child-care rules need development and revision, caseload responsibilities at the state and county levels are too high, and funds for the support or development of new child-care facilities are missing. The task force asks the state for leadership and action on all these areas.

INTRODUCTION

Minnesota has invested much in its child-care system, and this system works. It works in part because every day thousands of child-care providers welcome young children into homes and centers all across the state. The numbers are impressive; providers in 10,000 licensed homes and centers care for 147,000 children. Each day these same providers offer to the young children in their care the nurture and care that children in their earliest years need.

The child-care system also works because of parents. Parents who must leave their children in someone else's care want some guarantee that their children will be safe and well supervised. The licensing system offers to parents this basic assurance, but all parents want more for their children. They need and want the same kind of quality of care for their children that they would give were they at home. Many organizations and individuals have devoted years of effort and work to make sure that quality is an essential feature of the child-care system.

But Minnesota's child-care system has problems. Some of these problems are reflected in the demographics of the market. At a time when more parents need this critical support for their children so that they can work, the supply of child care is shrinking. The first chapter of this report, called "A Growing Need," points out the changing demographics of demand versus supply. It shows that the rapid expansion that characterized the system in the earlier part of this decade has now slowed. Indeed, the rate of growth for available openings in licensed child care is now static.

What should be done? The Child Care Task Force tried to look at the child-care system as whole, to identify which issues need to be addressed, and to propose solutions. In the section called "Working Solutions: Findings and Recommendations," the members present their work and their suggestions for change. The six target areas that were identified in the Child Care Services Act formed their platform for discussion.

Finally, as part of this report, the task force commissioned a survey to learn from providers themselves. The information gained from this survey is featured in the final chapter of this report, "The Survey Says." The results of this survey offer support to the task force findings and give information about providers themselves.

In order to carry out its charge, the task force relied on the work submitted by several agencies and individuals. A compendium of the research and reports used by the task force as source material for their work is contained in a separate appendix to this work.

In dealing with child care, it is tempting to come up with quick-fix solutions that do not reflect an understanding of the system as a whole. And, it is easy to blame the retrenchment in child care on rules and regulations. Such conversations obscure the fact that Minnesota spends less money on supports for its child-care providers than it did a decade ago. This report asks legislators and other public leaders to reverse this trend and to make investment in the protection and expansion of good child-care opportunities for Minnesota's young children a public priority.

THE GROWING NEED FOR CHILD CARE

More Minnesota families need child-care services than at any other time in this state's history. But while the need for this support is growing dramatically, the supply of safe, affordable, and quality child care is not. In the absence of an adequate supply of licensed daycare homes and centers, the question of how young children should be cared for when their parents are not able to do so themselves becomes an important question for public discussion.

The realities of family life in Minnesota are that a majority of families must rely on some kind of child care if they are to work. At least half of the mothers with preschoolers and two-thirds of mothers with school-age children work outside the home. An even more important statistic is that nearly half of mothers with children under one year old are in the labor force. This figure indicates the willingness and need of families with very young children to rely on some sort of child-care support.

One might expect that, as the demand for child care has grown, so too would the supply, with the result that parents would have a variety of choices from which to choose the most appropriate form of care for their young children. But this is not the case. In some parts of this state, parents must take whatever they can get in their community because the supply of licensed child care is very limited. And in other parts of the state, no licensed child care is available at all.

While facts and figures do not tell the human story of what happens to children and parents when appropriate child care is not available, the data is a useful starting point for discussion of how and why we need to improve the supply of safe, affordable, and quality care for the many who need it.

THE DEMAND FOR CHILD CARE

A number of factors influence the demand for child-care services. The three most important are (1) the number of young children living in the state, (2) the labor force participation rate of women, especially of mothers, and (3) changes in family structure, particularly the increase in single-parent and dual-earner families.

The Number of Children in Minnesota

One factor influencing the need for child care is the increasing number of children in Minnesota. Between 1980 and 1985, the number of Minnesota children under the age of six increased by 35,879, nearly a 10 percent rate of growth. Between 1985 and 1990, the number of Minnesota children in this age category is expected to continue to increase slightly.

PROJECTED NUMBER OF MINNESOTA CHILDREN UNDER SIX YEARS OLD (1980 - 2010)

Year	Number in MN	% Change	Number in Developmental Region 11*	% Change	Number in Rest of State	% Change
1980	367,604	—	170,903	—	196,701	—
1985	403,483	+ 9.8%	193,364	+ 13.1%	210,119	+ 6.8%
1990	404,033	+ 0.1%	192,502	- 0.4%	211,531	+ 0.7%
1995	379,904	- 6.0%	178,351	- 7.4%	201,553	- 4.7%
2000	350,831	- 7.7%	158,900	- 10.9%	191,931	- 4.8%
2005	338,875	- 3.4%	147,660	- 7.1%	191,215	- 0.4%
2010	343,387	+ 1.3%	146,618	- 0.7%	196,769	+ 2.9%

Source: Minnesota Population Projections 1980 - 2010, State Demography Unit, May 1983 and extrapolations from those projections made in consultation with Martha McMurry of the State Demography Unit.

* Developmental Region 11 includes the Twin Cities metro area.

Women in the Labor Force

The second major factor influencing the demand for child-care services is the dramatic increase in the number of Minnesota women working outside the home. The rate at which Minnesota women have joined the labor force has increased steadily since 1920, and it is expected to continue to increase between now and the year 2000. The percentage of Minnesota women working outside the home is the third highest in the country.

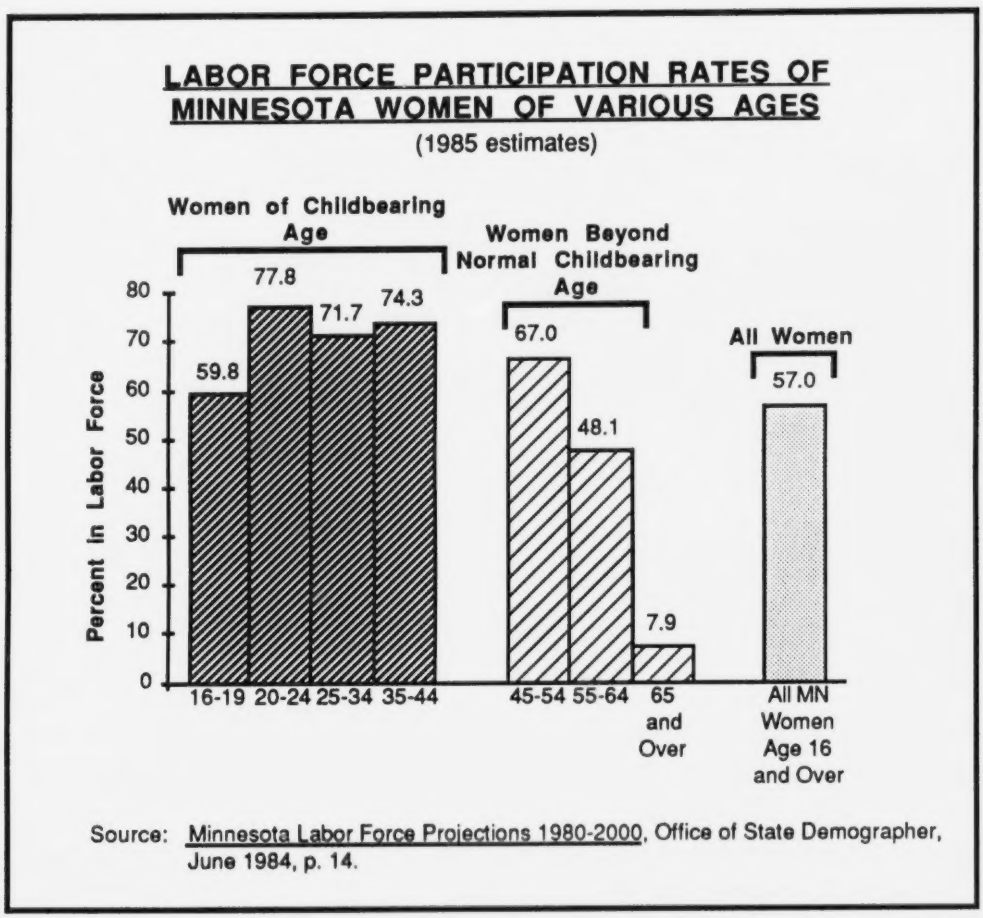
LABOR FORCE PARTICIPATION OF MINNESOTA WOMEN
1900 - 2000

Note: Percentages are for women age 14 and over for 1900 to 1960, and for women age 16 and over for 1970 and 1980. The term "gainful workers" was used from 1900 to 1930.

Sources: Women in Minnesota, Commission on the Economic Status of Women, August 1984 is the source for 1900-1980 figures. Minnesota Labor Force Projections 1980-2000, Office of State Demographer, June 1984, p. 14, is the source for 1985-2000 figures.
Population Notes, Office of State Demographer, June 1986, p. 9, is the source for the national ranking of Minnesota women's labor force participation rate.

Women of Childbearing Age

The third factor influencing child-care needs is the number of women in the labor force. As the graph below demonstrates, the labor force participation rate of women of childbearing age is considerably higher than that for women beyond the normal childbearing age. Thus, the demand for daycare services is even higher than one would expect judging from the labor force participation rate for all women.



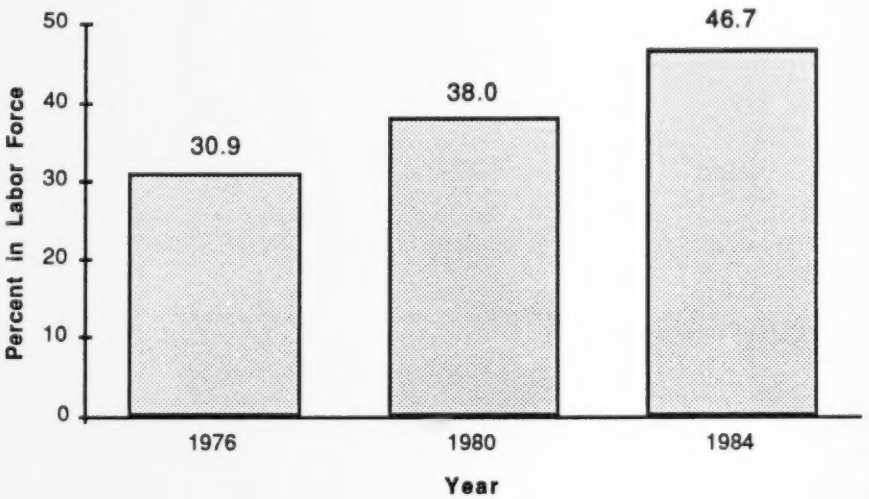
Source: Minnesota Labor Force Projections 1980-2000, Office of State Demographer, June 1984, p. 14.

Mothers of Infants, Preschoolers, and School-Age Children

The labor force participation rates of mothers of infants, preschoolers, and school-age children exert an even more direct influence on the demand for daycare services than does the rate for women of childbearing age. The following two graphs demonstrate that the labor force participation rates of such mothers have increased at a rapid rate over the last several years.

Note that in 1984, 46.7 percent of all American mothers of children under one year old were in the labor force. Because the labor force participation rate of Minnesota women is above the national average, an even higher percentage of Minnesota mothers of infants are probably working outside the home.

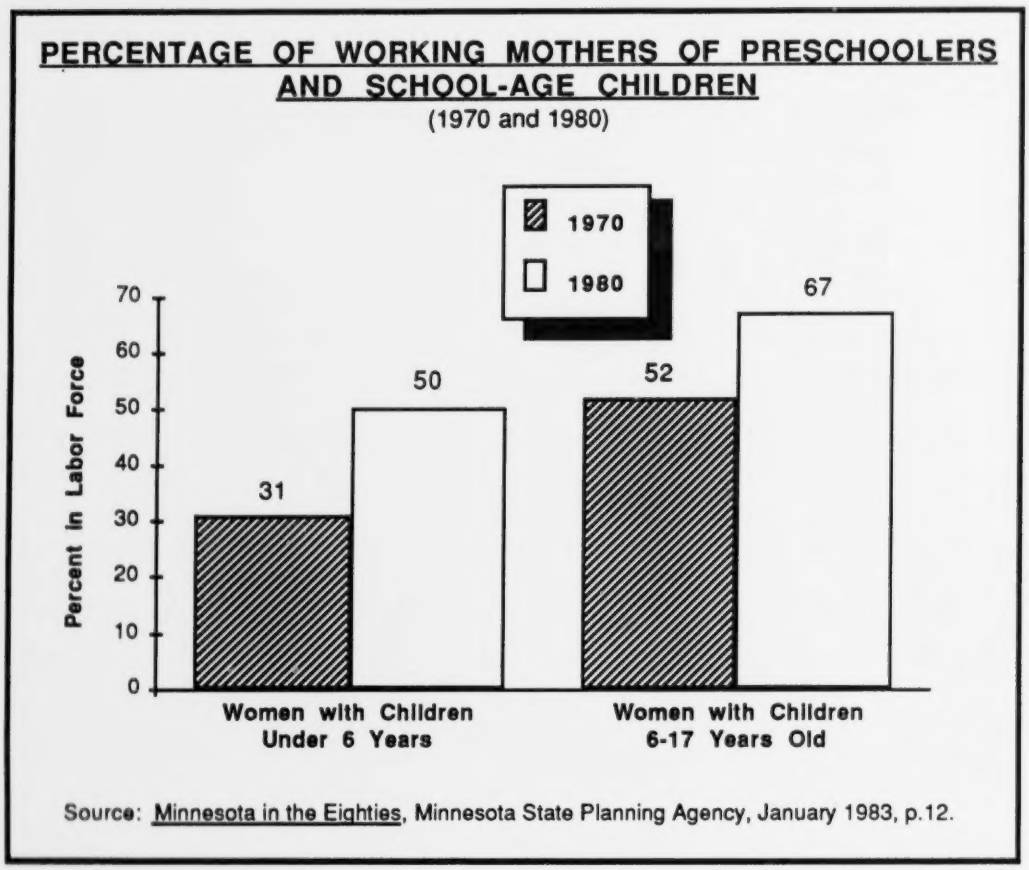
LABOR FORCE PARTICIPATION RATE OF MOTHERS BETWEEN 18 AND 44 YEARS OLD WHO HAD A CHILD WITHIN THE PREVIOUS YEAR



Source: Current Population Reports, Series P-20, #401, U.S. Census Bureau.

Between 1970 and 1980, the percentage of Minnesota mothers of preschoolers and school-age children working outside the home increased by 29 percent and 15 percent respectively. By 1980, half of mothers of preschoolers and two-thirds of mothers of school-age children were in the labor force.

In Minnesota there were 127,727 mothers of children under age six in the labor force in 1980.*



Changes in Family Structure and Economic Conditions

Changes in the structure of Minnesota families have also affected the demand for child-care services. Large increases over the past decade in the number of single-parent and dual-earner families have contributed to the need for more child-care providers. In addition, child care is needed by many structurally unemployed parents who are undergoing training or retraining.

* General Social and Economic Characteristics, 1980 U.S. Census. U. S. Government Printing Office.

Single-Parent Families

The number of single-parent families in Minnesota increased by 85 percent between 1970 and 1980. By 1980, there were 79,390 single-parent families with children under 18 in the state. This represented 14 percent of all Minnesota families with children under 18.

Eighty-five percent of all single-parent families were headed by women in 1980.

MINNESOTA HOUSEHOLDS WITH CHILDREN UNDER 18

	1970		1980	
Female-headed households	37,561		67,546	
Male-headed households	+ 5,376		+ 11,844	
Total single-parent households	42,937	(8%)	79,390	(14%)
Married-couple households	+ 483,925	(92%)	+ 481,070	(86%)
Total families with children under 18	526,862	(100%)	560,460	(100%)

Source: General Population Characteristics, 1970 and 1980 U.S. Censuses.

Dual-Earner Families

Economic necessity was one of the reasons Minnesota women entered the labor force in record numbers during the 1970-1980 decade. In most parts of the state, two incomes became necessary to maintain a family. It now takes two incomes to pay for what one income formerly could buy. Housing costs are an example: in the Twin Cities metropolitan area, the median price of homes rose 102 percent during the 1975-1982 period. Outside the metropolitan area, the median price of homes increased 60 percent during the same period.

As a result of these economic facts both parents are now in the work force in 61 percent of all two-parent households in the United States.* Given Minnesota's higher-than-average labor force participation rate, the percentage of dual-earner families is probably even higher here. Dual-earner households are the new norm in Minnesota and most other states.

Structurally Unemployed Families

Economic recovery since 1983--mostly in the Twin Cities metropolitan area--brought new jobs and higher incomes for dual-earner families with the right combination of job skills. For thousands of others, however, there has been no recovery.

Many Minnesota workers have been permanently displaced by major structural changes in the agricultural and industrial economy of the state. An unemployed taconite minor in Mountain Iron, a bankrupt farm family in Lyon County, a worker at a Duluth factory that closes are all structurally unemployed workers who may need retraining in order to find work in a new industry. In addition to them are teenage parents who may never have acquired any saleable job skills.

For those Minnesota families who are structurally unemployed or never employed, economic independence can be gained only through training or retraining. Child care is often a necessity for these families as the parents prepare themselves for new jobs.

* Work and Family in the U.S., Family Policy Panel of the Economic Policy Council of the United Nations Association, December 1985.

CHILD-CARE ARRANGEMENTS

The fact that many of today's parents cannot be at home to care for their children seems obvious. What is not so clear is how such families work out child-care arrangements for their children. In order to project the number of child-care openings that might be needed in Minnesota's formal child-care system, we have to estimate what the need would be.

One problem in arriving at such factual data is that parents often use the informal support system of relatives and friends to care for their young children. Indeed, some argue that if licensed child care were not available, families would develop their own informal and flexible child-care arrangements. While many families will rely on the cooperative help of other family members in the care of their children, the formal child-care system is used and needed by working families.

Data collected by the state demographer's office in 1977 in a publication called Employment and Training did try to investigate patterns of use and preference with regard to child-care arrangements among working women. In that year, 556,000 employed women were surveyed. Over 58 percent of those had children under 18 at home, and 62 percent of women with children under six reported that they needed to make child-care arrangements.*

Although these figures are almost a decade old, they do offer some picture of parental preference and need. They also demonstrate that while the use of formal child care is not used or needed by everyone, a significant number of families do require child-care support outside of the home. We can estimate that these figures have grown larger in the past decade.

*Employment and Training. Office of State Demographer, 1977.

NECESSITY OF REGULAR CHILD CARE ARRANGEMENTS, MINNESOTA, 1977

Selected Characteristics, 1977	Total in Thousands	Total Percent	Arrangements Necessary	Arrangements Not Necessary		
				Children old enough to be alone	Care by other household member	Other arrangements
Total Persons at Work With Children Under 18[a]	813	100.0	18.5	33.3	42.6	5.6
Male	489	100.0	10.2	26.2	62.8	B
Female	324	100.0	31.1	43.9	12.0	13.0
Age						
Under 35 years	163	100.0	55.4	14.2	14.8	15.6*
35 and over	161	100.0	5.8	73.6	38.5	10.6
Marital Status						
Married[b]	274	100.0	29.2*	43.3*	12.6	14.9
Other	49	100.0	40.8	47.9	B	B
Age of Children						
Under 6	125	100.0	61.6	B	17.5*	16.4*
6 to 17 only	199	100.0	12.1	68.6	8.5	10.8
Income						
Under $15,000	128	100.0	32.0*	38.5*	14.4*	15.1*
$15,000 and over	196	100.0	31.3	46.0	10.4	12.2

a. Employed persons, including those working without pay in a family business or farm less than 15 hours a week.

b. Married persons, spouses present.

B = Insufficient base for computing percentages.

*No statistically significant difference measured by selected characteristic.

Source: Employment in Minnesota, 1977, Minnesota State Planning Agency, Office of State Demographer, 1979.

THE SUPPLY OF CHILD CARE

How can our formal child-care system meet the increased demands of parents with children? The rate of growth in the child-care system has slowed so that the supply of available openings cannot keep pace with increased demands.

> Definitions
>
> For purposes of this report, "daycare" means care for children outside of their homes on a regular basis for less than 24 hours a day.
>
> "Family daycare" and "group family daycare" are provided in a home setting. The distinction between the two is that a family daycare home is "up to 10 children," a group family daycare home is "11 to 14 children."
>
> "Center-based daycare" is daycare provided in a nonresidential setting. Daycare centers can serve a larger number of children than daycare homes.

Although the number of available licensed daycare openings in Minnesota increased by 20 percent between 1980 and 1981, the increase was only 7 percent between 1981 and 1982. The rate of growth was just 3 percent each year between 1982 and 1985. Over the past year, 1986, the number has remained static.

The following charts illustrate the slots available for children in family daycare homes, group family daycare homes, and child-care centers.

FAMILY AND GROUP FAMILY DAY CARE

Year	Total Number of Homes	Licensed Capacity
1980	7,052	79,264
1981	8,579	96,426
1982	9,185	103,238
1983	9,385	105,486
1984	9,553	107,374
1985	9,877	111,018
1986	9,685 (Based on 9 months)	108,474

Source: Department of Human Services, Division of Licensing, 1986. Calculations assume that one-third of all licenses granted are to providers with group family day-care licenses.

CENTER-BASED CARE

As of May 1 of Each Year:

Year	Number of Centers	Licensed Capacity
1980	864	26,205
1981	886	30,541
1982	907	32,029
1983	916	33,770
1984	964	35,636
1985	1,026	36,744
1986	1,077	38,851

Source: Department of Human Services, Division of Licensing, 1986.

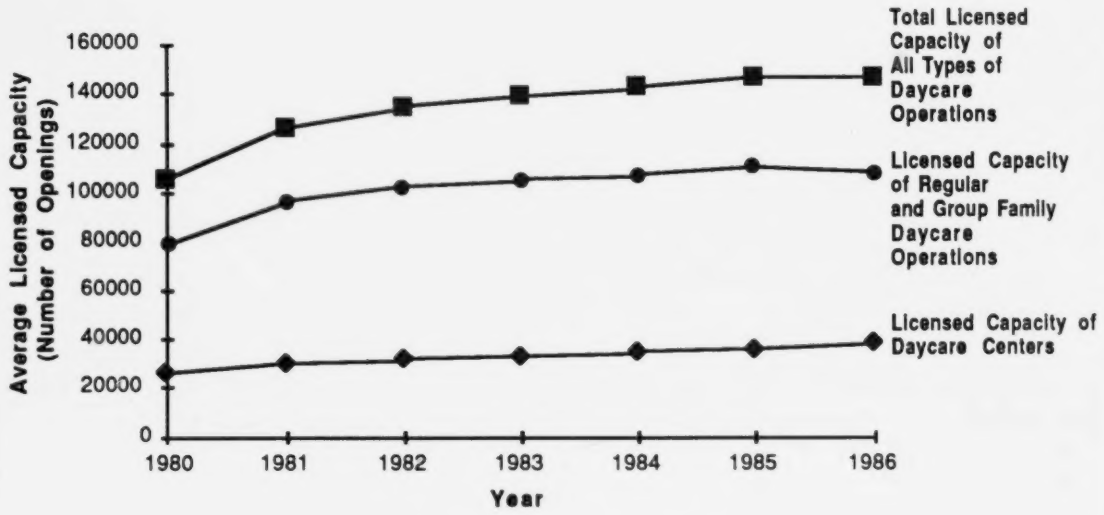
CHILD-CARE CAPACITY TOTALS

Year	Estimated Number of Openings Available in Child Care	
1980	105,469	
1981	126,967	20% Increase
1982	135,267	7% Increase
1983	139,256	3% Increase
1984	143,010	3% Increase
1985	147,762	3% Increase
1986	147,325	Slight Decline

Source: Estimate developed by the Minnesota Council on Children, Youth and Families based on information from the Division of Licensing, Department of Human Services, 1986.

NUMBER OF LICENSED OPENINGS FOR ALL TYPES OF MINNESOTA DAYCARE OPERATIONS

(Regular family daycare, group family daycare, and center-based daycare)



Source: Department of Human Services, Division of Licensing, 1986.

Growing numbers of young children in Minnesota need child care, but our present child-care system cannot meet the needs of these children. Thus, the Legislature has asked this task force to recommend ways to develop and support a range of child-care services in the state.

WORKING SOLUTIONS: FINDINGS AND RECOMMENDATIONS

The Legislature asked the task force to address the question of how Minnesota's child-care system could be improved so that more safe, affordable, and quality child care will be available throughout the state. In particular, they identified six critical areas for study.

- Making insurance available
- Improving the administration of the child-care food program so that providers do not suffer financial hardship
- Identifying indicators of quality in child care
- Establishing staff-to-child ratios
- Establishing fire safety standards
- Determining how regulation can increase the variety of child care available to consumers

Over a three-month period, members of the task force worked in subgroups to research which issues needed attention and to develop findings to present to the entire group. These findings then became the basis for the formation of the task force's recommendations.

These findings and recommendations are presented here to the Legislature and to the public. They are offered as working solutions that will not only facilitate the expansion of the child-care system, but will also ensure that the emphasis remains on the quality of care that children receive.

Definition

For purposes of this report, a "provider" is a family daycare operator as well as a person who operates a child-care center or provides child care in a center.

AVAILABILITY OF INSURANCE

Liability insurance protects child-care providers from the risk of financial losses brought about by lawsuits. Such insurance is necessary for those conducting the business of child care, whether in their own homes or in child-care centers. The dramatic increases in the costs of insurance for child-care providers present them with a new financial hazard. The problem is that most child-care operations are costly to run. Many providers make only marginal profits. If insurance rates rise, the child-care operations cannot absorb the costs without cutting back on essential services to children, nor can the costs be passed on to parents.

Within a very short time, getting affordable liability insurance has gone from being one of the normal expenses of running a child-care operation to one of its larger expenses. In a recent survey of child-care operations in Minnesota, questions about insurance revealed these problems. Many family daycare providers reported that their premiums have doubled. Some have quit because of problems associated with insurance. Child-care centers are having even more difficulty. Center operators reported increases of between 300 and 400 percent.

One assumption among insurance industries is that as long as there is competition, the market will regulate itself. Daycare, however, is a specialty and limited line. It does not generate enough volume for several insurance companies to participate in the competitive market. More troubling still is the fact that the claims paid out by insurance companies have little to do with the rates charged to consumers. Minnesota child-care providers have one of the lowest loss ratios in the country. According to 1985 data by the Insurance Service Organization, insurance companies paid out only 17 cents on each dollar collected in premiums in this state.

In 1986, Minnesota passed legislation establishing a Joint Underwriting Association (JUA). The state-run insurance association was to serve as a "last resort option" for all those who could not find insurance on the open market. Another important function of the JUA is to set a ceiling on rates. It does this through a rate-setting board that determines when rates are excessive. Though the JUA has only recently been established, it needs to be developed so as to provide more effective help to child-care providers.

Finally, insurance is complex. Child-care providers say that they are having trouble getting accurate information about the insurance that they do carry. Without good information, they cannot promote change in the system so that affordable insurance will be available to all those who need it. In addition, some providers say there automobile insurance policies are not being renewed and their homeowners insurance rates are increasing because they provide child care.

1. Establish Affordable Rates for Centers

Finding: Child-care center operators are reporting rate increases in their insurance premiums of up to 300 to 400 percent in the past year. When they turn for help to the state's Joint Underwriting Association (JUA), they discover that the competitive ceilings established by the board of this association (e.g., $100 per child for $600,000 worth of coverage) are considerably higher than market rates available from other firms. Thus they cannot look to the JUA to keep the ceiling on insurance rates reasonable or to find more affordable premiums.

Recommendation: The actuarial assumptions by which rates are established for child-care centers by the board of the JUA need to be reviewed to account for the favorable claims history of child care in Minnesota and the inability of operators to pay higher premiums. Action should be taken to bring the JUA's rates into line so they are affordable. Action should also be taken to make sure that the actuarial process by which the JUA's rates are set is based on an understanding of child care as a business.

2. Compare Family Daycare Rates

Finding: One trade association is actively merchandising family and group family daycare insurance in the state, and the majority of family and group family daycare providers have been able to find insurance by becoming members of this association. However, many of these providers report that their insurance premiums have doubled in the past year, and these rates are almost matching the following rates set by the JUA for family and group family daycare.

Limits of Liability Coverage	$300,000	$600,000	$1,000,000
Rates per licensed home:			
Family Daycare	$140	$170	$200
Group Family Daycare	200	250	290

Recommendation: Family and group family daycare providers who are having problems finding affordable insurance should contact the Department of Commerce to find out how their insurance rates compare with those established by the JUA.

3. Insurance Hotline

Finding: Insurance issues are complex, difficult to understand, and constantly changing. Some centers have had to close in part because of insurance-related problems. Some family and group family daycare providers are choosing to go without any coverage because they cannot get information about their insurance problems. Child-care providers need access to information on how to find insurance and what are reasonable rates to pay. They also need information about a series of other insurance problems such as limits of liability coverage, nonrenewal of automobile insurance policies, adequacy of homeowner's coverage with daycare riders, and sudden increases in rates.

Recommendation: The Department of Commerce should allocate or seek funds to establish an insurance hotline for child-care providers. Such a hotline would be separate from the department's information service and should provide daily information and help to child-care providers on alternatives available in Minnesota. The department should monitor the impact of the insurance problem on child-care providers and seek appropriate legislative or administrative action. In addition, the department should keep informed about insurance problems faced by child-care providers and seek remedies for them.

4. Tort Reform

Finding: As long as child-care providers can be sued up to the 21st year of a child's life, insurance rates will be high.

Recommendation: The Department of Commerce should investigate whether a statute of limitation of seven years could be adopted so there would be limits to the liability of child-care providers and insurance rates could be reduced.

The Survey Says...

Of the 115 active family and group family daycare providers who responded to the survey, 99 now have daycare liability insurance and 16 do not. Of the 99 who are insured, 77 percent are insured through the Adults & Childrens Alliance. Eighteen percent are insured with other firms, and about 5 percent could not recall their insurance carrier.

The typical family or group family daycare provider has experienced a 100 percent increase in insurance premium rates during the past year. For center operators, the figure is 300 percent.

Only 6 of the 115 survey respondents in family daycare reported making a daycare-related claim on their insurance within the last three years. All of the reported claims were for normal minor childhood cuts and bruises, and none resulted in a medical bill of over $75.00.

ADMINISTRATION OF THE CHILD CARE FOOD PROGRAM

Family and group family daycare providers report that a major reason they choose to become licensed is to qualify for the Child Care Food Program. This program provides reimbursement to child-care centers and homes for meals served to enrolled children. United States Department of Agriculture statistics show that Minnesota is the second highest user of this program in the country. The state Department of Education administers the program through nonprofit sponsoring organizations. Surveys of respondents who use the program report satisfaction with it.

However, access to the program can become a problem, and bureaucratic delays in the licensing process can mean a loss of needed reimbursement for providers. The delays stem from the involvement of several regulatory bodies at the federal, state, and county levels. At the federal level, recent changes in regulation have added another layer to the already complex system. Previously, a home daycare provider was eligible to receive benefits on the date the sponsoring organization's representative trained the provider in food program requirements. If the application process was delayed, the provider did not suffer. The provider received reimbursement retroactive to the date the license was issued. Now the provider receives reimbursement only when the Department of Education approves the food program application after it is submitted by the sponsoring organization.

At the state level, administrative delay occurs within the Department of Human Services because licenses are recorded once a month. Therefore, the Department of Education doesn't have current information on the status of licenses, and applications to the food program can become backlogged. At the county level, a more serious problem can exist. Often caseloads are so heavy that county licensors may not register a new provider with the Department of Human Services for some time after visiting the home.

Another problem with the food program is that most child-care centers do not use it. Federal regulations restrict the eligibility of children to those enrolled in nonprofit or for-profit centers that serve children from low-income families. The administrative time required to confirm a child's eligibility status often does not equal the benefits that might occur from participation in the program. This situation is particularly sad because the food program not only provides a guarantee of good nutrition for children, but it could provide an important source of training about nutrition for staff and revenue for the child-care centers, which now operate on marginal profits.

1. Speed Up Process

Finding: Survey respondents seem to be universal in their praise of how the Child Care Food Program is administered. The administrative problems they do mention stem from three sources.

At the federal level, recent changes dating back to October 1986 in the federal regulations are causing backups. New applicants can no longer get reimbursements for food once their licenses are approved at the county level. The Department of Education must now sign off on the license. At the state level, backlogs also occur. The Division of Licensing of the Department of Human Services does not process the applications in as prompt a manner as in needed. At the county level, new licenses are not always processed quickly because licensors have too many cases.

Recommendation: The Department of Education should appeal the U.S. Department of Agriculture regulations prohibiting retroactive reimbursements.

Recommendation: The Department of Human Services should require the Licensing Division to process new applications in a timely manner.

Recommendation: The Legislature should determine caseload standards for child-care licensing at the county level.

2. Food Program for Centers

Finding: If the state were to make it possible for child-care centers to have a state rate of reimbursement similar to that offered through the National School Lunch Program, more child-care centers would participate in the Child Care Food Program. Many do not do so now because the federal reimbursement rate for each child in center care is much less than that accorded to family and group family daycare providers or to schools for the school lunch program. Since the rate is determined by each child's family income, the complexities of administering the program are great. If the state were to supplement the federal reimbursement so that the rate would be similar to the school lunch program, centers would have a reason to participate.

Recommendation: The state of Minnesota should allocate funds to the Department of Education to provide the same reimbursement to child-care centers as that given to private and public schools for meals served to children enrolled in the school lunch program.

The Survey Says...

Eighty-seven percent of the active family daycare providers in the survey participate in the Child Care Food Program. Although the question they were asked about the program cued them to identify problems with it, many volunteered the comment that the program is well administered. They also said the training in nutrition that the program provides is very helpful.

INDICATORS OF QUALITY CHILD CARE

"Quality child care" is a phrase many people use to mean child care that is more than basic supervision or mere babysitting. Can anyone identify what makes a child-care setting good for a particular child? Are there any indicators of quality that parents can use in selecting appropriate child care? If some standards do exist, how do we identify them?

The discussion can be a perplexing one since quality is a value-laden term. People's attitudes about what is good are affected by many variables including their family backgrounds, religious beliefs, and cultural norms. Some think that quality, like beauty, is "in the eye of the beholder" and too subjective a judgment to be useful. Others claim that quality is simply compliance with standards. They would like descriptors of excellence written into a regulatory standard.

Child development literature tells us some ways to evaluate quality child care. The following indicators are frequently cited as good determinants of such care:

1. The size of the group of children
2. The ratio of adults to children
3. Caregiver qualifications
4. Planned programs
5. Physical environment
6. Parent involvement

In a field as diverse as child care, parents need more information about how to evaluate good child care. Child-care providers themselves need the opportunity to demonstrate how good the work they are doing for children really is. Competency-based learning programs are one means of allowing providers to gain both education and credit for their experience and knowledge. Another way of determining quality is through the accreditation standards of the National Academy of Early Childhood Programs.

Finally, those who operate excellent child-care programs should be rewarded and reimbursed financially for the investment they make to improve the quality of their service.

1. Promote Training

Finding: High-quality child care depends upon the education, understanding, and competency of the providers. Knowledge of a provider's understanding and training gives parents a way to evaluate the different competencies of each caregiver.

Recommendation: The state of Minnesota should promote competency-based training programs for all child-care providers through its Vocational Technical Education System, National Child Development Associate (CDA) Consortium, and other interested associations. It should also publish information about quality indicators for parents to use.

2. Allow Accreditation

Finding: Those program standards relating to children's developmental needs that are recommended in the accreditation criteria of the National Academy of Early Childhood Programs serve as a useful reference in developing indicators for quality child care in centers.

Recommendation: These program standards should be reviewed and, when appropriate, incorporated into revisions of the rule governing child-care centers.

3. Reward Competence

Finding: The rates charged for child care are the same whether the child-care providers have higher qualifications in terms of knowledge and experience or whether they have none. Thus, there are few finacial rewards for those who offer a higher quality of care for children.

Recommendation: Associations of child-care providers should encourage the payment of higher rates to those providers who have more training or education in child care. The state should also allow the establishment of differential payment schedules through its sliding-fee program that will recognize and reward child-care providers who have invested in education and/or training.

The Survey Says...

Licensed daycare providers in Minnesota are at least as well prepared educationally as other working women in the state. While the 1980 U.S. Census says that 7 percent of Minnesota women are kindergarten and elementary teachers, a higher number, 11 percent, of the active providers who responded to the survey are former K-12 teachers. Of the 17 child-care center directors who responded to the survey, only one was not a college graduate and most were former preschool or elementary teachers.

RATIOS AND AGE GROUPING OF CHILDREN

To understand why ratios can become a subject of hot debate, some explanation is needed. The term "ratio" refers to the numbers of children that any one caregiver can care for at one time. For example, schools use terms like pupil/teacher ratio to discuss the numbers of children in one class. The grouping of children is usually different between home-based and center-based child care. In home-based care, the distribution tends to be mixed and resembles the different ages of children in a single family. In child-care centers, children of the same age are grouped together. Advantages and disadvantages exist in both situations.

People have different pictures of what is the right number of children for one caregiver. The picture of a harried adult surrounded by too many children can strike fear in many hearts. Probably everyone agrees that children will develop and be safely supervised if the number of children is limited. But what is the appropriate limit?

Child development literature gives guidance about how many children can be cared for well by any one caregiver. The literature also says that the younger the children are, the smaller should be the ratio of children to adults. Ideally, an infant should have one-to-one interaction.

But the problem for child-care providers is also an economic one. The income made is directly tied to the number of children in care. The question of ratios has political overtones, too. As child care becomes more scarce, more and more people want to solve the shortage by increasing the number of children a caregiver can handle.

We need solutions that will meet the economic and political realities of child care to resolve this dilemma, but not at the expense of children's needs.

1. Define Ages Consistently

Finding: The age definitions used to determine ratios in all rules for child care should be uniform and used consistently in all rules for child care.

Recommendation: Without changing the ratios that are now being used by family daycare providers, the Department of Human Services shall use the following defintiions in its child-care rules.

Infants - birth to 12 months
Toddlers - 12 to 24 months
Two-year olds - 24 to 36 months
Preschoolers - 36 months to kindergarten entrance
School age - kindergarten up to and including 10 years of age

2. Maintain Current Practice

Finding: Sufficient staff needs to be available to provide good care to children. The ratio of caregiver to children is important but so too is the size of the group in which the children interact. Smaller group sizes and lower staff/child ratios are optimal. Although the ratios currently used in the family daycare rule are not optimal, they do represent numbers that parents and providers think work in practice and that reflect other qualifications of providers. The accreditation standards for ratios established by the National Academy of Early Childhood Programs would serve as a good reference in developing new ratios for child-care centers.

Recommendation: Current ratios established for family daycare should be maintained. The following ratios and maximum group sizes should be established for the child-care rule governing centers.

Age Category	Adult/Child Ratio	Maximum Group Size
Infants	1:4	8
Toddlers	1:5	10
Two-year-olds	1:7	14
Preschoolers	1:10	20
School age	1:15	30

3. Allow Multi-Age Grouping

Finding: Children learn not only from other children of the same ages, but also from children of different ages. The rules governing child care should allow for both kinds of experiences.

Recommendation: The Department of Human Services should maintain the multi-age grouping option in the current Rule 2.

The Department of Human Services should extend the multi-age grouping option to child-care centers with the following exception: if an infant is present in the group, the infant group size and adult/child ratios must be maintained. All other age groups may be mixed, provided that the ratios and group size requirements are based on the ratios for the age of the majority of the children in the group.

The Survey Says...

Of the 106 respondents who expressed an opinion on the current age ratios for children in family daycare, 52 percent approve of the ratios as they are. Thirty-five percent think the ratios are too strict, and 9 percent gave qualified approval of the concepts underlying the ratios in general but would opt for more flexibility in their application. The remaining respondents, a small number, said the ratios are too loose.

FIRE SAFETY STANDARDS

Children die because of fire. Statistics gathered by the State Fire Marshal Division show that deaths to children from ages 0 to 10 years were the following:

Year	Number of Child Fire Deaths Ages 0 to 10 Years
1983	11
1984	4
1985	7

Almost half of these children died in fires they caused themselves, proving that children can be a group at risk. However, this task force found no documentation to show that children have died from fire while in licensed child care.

Child-care providers in Minnesota assert that they have an excellent record of fire safety and that no children in their care have been injured or killed by fire. Children may be safer in a child-care setting than in their own homes because providers are well trained and alert and they are constantly supervising the children's activities. The Department of Human Services' rules governing child care require evidence that providers practice fire safety methods. All facilities are inspected and needed safety improvements are made before a license is granted.

Representatives of some fire safety groups argue that Minnesota should follow the stricter requirements of the 1985 Life Safety Code of the National Fire Protection Association, which would require a smaller number of children in care and fire safety changes to a child-care provider's home. The state building code administrators would like daycare homes with larger numbers of children to conform to the requirements for educational institutions (E-3 occupancy standards).

Although many will admit that the standards set in the national Life Safety Code are ideal, the imposition of such standards on family and group family daycare providers would severely restrict the availability of child care and force many parents to use unlicensed care for their children, which could pose a greater safety risk to children. In addition, altering a home to conform to educational occupancy standards would be prohibitive in cost and might change the fundamental residential nature of the structure and of the neighborhood.

Reason and common sense need to guide everyone to exercise appropriate levels of caution, and groups with differing views need to agree that an emphasis on education about fire prevention and control is important for everyone in a community. Public monies need to be made available for child-care providers who want to improve the safety features of their facilities. Continued efforts by the State Fire Marshal Division to increase the level of awareness about fire prevention and control need to be encouraged and supported.

1. Maintain Current Practice

Finding: State fire code standards are designed to ensure the safety of children. The current practice of the State Fire Marshal Division with regard to licensed capacity is the following: a family daycare home is "up to 10 children," a group family daycare home is "11 to 14 children," and a child-care center is "more than 14 children." Although these numbers are higher than the standard in the national Life Safety Code, the State Fire Marshal's current practices are consistent with the Child Welfare League's national accredition standards and with the Department of Human Services licensing rule (9502). The current practice of the State Fire Marshal Division also recognizes that operators must understand and practice good fire safety methods in order to obtain a license.

Recommendation: With regard to licensed capacity, current practice in enforcing the standards of the State Fire Marshal should be maintained.

2. Amend Building Code

Finding: The Minnesota State Building Code incorporates the national Uniform Building Code and requires any daycare facility that cares for six or more children to comply with the standards for an education occupancy (E-3 standards). Such standards were developed to make sure that facilities caring for large groups of children were safe. The standards require a range of building modifications, such as changes to allow for handicapped accessibility, an architect-approved plan of the building, and provisions for off street parking. If E-3 occupancy standards are imposed on family and group family daycare operators, the residential nature of the operator's home would be lost. Residentially zoned neighborhoods would be faced with a nonconforming conversion of their homes.

The costs of such changes would be so excessive that group family daycare licenses would be eliminated and the expansion of the child-care market would be severely restricted. In addition, family and group family daycare homes that have up to 16 children are, by statute, permitted residential uses for purposes of zoning.

Recommendation: The state building code should be amended to exempt daycare providers from educational occupancy standards when 14 or fewer children are in daycare. This allows daycare providers caring for up to 14 children to operate under building and fire code standards for residential occupancies, and it conforms to permitted residential uses already in statutes.

3. Separate Fire Safety Standards

Finding: Education about and enforcement of fire safety standards need to be carried out by state-supervised fire marshals rather than by county human service licensors. The Department of Human Services incorporates fire safety requirements in its child-care rules, and these require county licensors to perform the function of fire safety experts. Fire safety checklists should be used instead by county licensors to judge when a fire inspection is needed.

Recommendation: The Department of Human Services should remove specific fire and building code standards from child-care rules and incorporate the appropriate fire and building codes by reference. The Fire Marshal Division should develop fire safety checklists and make these available to both licensors and operators.

4. Give Authority to the State

Finding: Another source of jurisdictional conflict is that many local authorities think they should be able to impose more stringent requirements on child-care providers in their communities than those established by authorities at the state level. The inherent contradictions that now exist between state rules and local codes are a great source of hardship for operators.

Recommendation: Legislation should be supported to prohibit local units of government from imposing regulations on child-care facilities that are more stringent than state standards.

5. Give Loans or Grants

Finding: The State Fire Marshal Division reports it was able to enforce stricter standards for fire safety for child-care facilities when low-interest loans were available through the Minnesota Child Care Facilities Act. Many more providers would be willing and eager to improve the safety features of their homes and centers if public monies were available to help defray costs.

Recommendation: State legislation should be developed to establish a program of low-interest loans and/or grants that operators can use to improve the safety features of their facilities.

6. Provide Fire Safety Training

Finding: Educating providers about fire safety and prevention can be an effective tool in reducing the risks to children in care. Given limited resources, education may be the more promising way to bring about improved safety rather than reliance on enforcement strategies. Providers say the training efforts that have begun through the State Fire Marshal Division have been successful in educating them about fire prevention and control techniqus. Such a training program needs to be expanded.

Recommendation: Monies should be granted to the State Fire Marshal Division for development of a continuous fire safety training program for child-care providers.

The Survey Says...

No survey respondent said she had ever had to call the fire department for a fire in her home or center

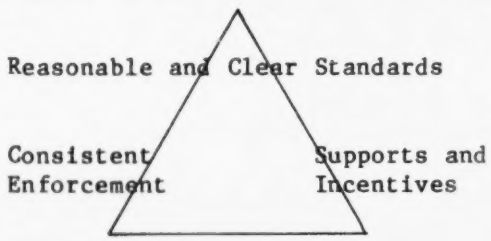
REGULATION OF CHILD-CARE SERVICES

Minnesota has a great investment in its licensed child-care system. The state was one of the first to recognize the importance of licensing in ensuring the protection of children's health, safety, and developmental needs. This state developed standards for daycare as early as 1956. Over the years, the recruitment, training, and support of family and group family daycare operators have been priorities for county human services licensors. Their work has partly resulted in the growth of the second largest home-based child-care system in the country. Licensing has also helped in the organization and development of better child-care centers.

All states license child-care centers but the regulation of the family daycare system varies from one state to another. The majority of states, however, use either licensing or mandatory registration. A review of the practices in each state reveals that regulatory standards for daycare are fairly similar whether registration or licensing is used. The major difference between these two systems is whether or not the state assumes some responsibility to monitor its own standards. Children fare best when states establish and maintain good standards for daycare. Although licensing does not guarantee quality, it does ensure that supervision is adequate, that centers and homes are safe and have adequate space, and that child-care providers have the needed qualifications to care for children.

The task force agreed that Minnesota should try to make its licensing system work more effectively rather than experiment with other regulatory methods. In the end, the licensing system offers children the best kind of protection at a time when more and more children must use this system. Minnesota has also developed its present licensing system after decades of hard work. That investment should be strengthened rather than scrapped.

The present system will work, however, if attention is given to the following triad of concerns:



When too much or too little attention is paid to either one of these three areas, the system does not work well.

Attention should be paid to the following problems:

BOTH RULES 2 AND 3 NEED REVISION. The rule governing family and group family daycare has been under attack, and providers are constantly confused about the status of this rule. The rule governing child-care centers has been under revision for several years and has not yet been promulgated.

ENFORCEMENT OF LICENSING ACROSS THE STATE IS INCONSISTENT. Some counties provide excellent service to providers while others do not. Some of the problem is due to staffing shortages but some of the difficulty is that child care is not a statewide priority. Lack of public information about the need for licensing creates a problem because there is little public pressure for enforcement.

SUPPORTS AND INCENTIVES ARE NEEDED. With the exception of the Child Care Food Program, people have little incentive to enter into this market. Wages are low, technical assistance is scarce, and providers often wind up subsidizing the cost incurred from running their operations. Child-care providers need more support and technical assistance if they are to succeed.

1. Give Loans or Grants

Finding: Minnesota's licensed child-care system witnessed its greatest period of expansion during the 1970s. A major reason for the growth in the system was the financial and technical assistance provided through the Child Care Facilities Act. Passed originally by the Minnesota Legislature in 1971, this legislation authorized the Commissioner of Public Welfare to make grants to cities, counties, licensed daycare facilities, and corporations for a variety of purposes:

- Creating new licensed facilities
- Expanding existing licensed facilities
- Improving licensed daycare programs
- Providing supportive child development services and technical assistance
- Operating programs
- Providing interim financing
- Making sliding fee programs available

The full range of child care was included in the legislation: family, and group family daycare homes, child-care centers, nursery schools, play groups, Head Start programs, parent cooperatives, in-home child care, and supportive services. Child-care facilities had to be licensed in order to qualify for a grant. The following list includes the level of appropriation since enactment of the legislation in 1971.

1971-73	$ 250,000
1973-75	800,000
1975-77	1,800,000
1977-79	2,217,420

Recommendation: The Legislature should reestablish a grants and loans program for the development and expansion of the child-care market. The legislation should allow matching grants from the private sector.

2. Establish Child-Care Services Unit

Finding: A major factor in the development of Minnesota's child-care system in the 1970s was the provision of child-care services and supports from the Social Services Division within the Department of Public Welfare. At that time, the department had a child-care services unit with responsibility for program and service development throughout the state. During this period of rapid expansion and development of the licensed child-care system, four staff people coordinated policy development and program planning for child care. These staff members gave direct technical assistance and support to county social services staff who were in charge of licensing.

Recommendation: The Department of Human Services should establish a child-care services unit of child-care professionals to take on program and service development of child care. This work would include development of reasonable, clear, and consistent rules; training; manual development; and monitoring of child-care legislation at the federal and state levels. The unit should also provide technical assistance and support to state and county child-care licensors. A child-care services unit should be separate from the Licensing Division and should guarantee leadership, expertise, and coordination of the child-care efforts of other agencies and departments as well as those of the Department of Human Services. The department should seek appropriate funding for child-care staff and services.

3. Clarify State and County Responsibilities

Finding: With cutbacks in social services funding in the early period of the 1980s, child-care services were not maintained by the Department of Human Services. Responsibility for the direction and development of rules and standards became concentrated in the Licensing Division. Here the discussion focused on regulation and enforcement, and the larger issues of program development and support services to parents, operators, and licensors at the state and county level were lost. Providers became discouraged by the new emphasis on enforcement while needed supports and incentives were simultaneously withdrawn. Parents had little information about the importance of licensing, and licensors were faced with increasingly larger caseloads. Licensors were still responsible for the recruitment and training of child-care providers, but they were often assigned a variety of other human service functions. Problems of unrealistic caseloads and confusing role expectations and responsibilities created problems.

Recommendation: The Legislature should review and analyze child-care services responsibilities at the state and local levels in light of federal and state cutbacks in social services. In particular, it should clarify caseload standards and funding source accountability at the county level and make recommendations to the Department of Human Services for action.

4. Develop Rules

Finding: Licensing depends upon clear and reasonable standards that providers, parents, and licensors understand, interpret, and implement. Such standards are set forth in the Department of Human Services rules. The rule governing family and group family daycare homes has been adopted and needs only to be further amended to reflect the recommendations of this report. The rule governing child-care centers, though adopted, has been under revision for several years. Those who operate child-care centers have no state-of-the-art standards on which to develop their operations.

Recommendation: As soon as the 1987 Legislature acts on this report, it should request that the Department of Human Services amend the rule governing family and group family daycare homes to accommodate the recommendations about definitions, ratios, and fire code standards made in this report. The procedures should be followed as established in the Administrative Procedures Act.

The Department of Human Services should revise the rule governing child-care centers and incorporate recommendations from this report about definitions, ratios, and fire code standards, using the process established in the Administrative Procedures Act. The rule revision should be prepared no later than six months after the Legislature acts on this report.

5. Educate Parents About Licensing

Finding: Public recognition about the ways in which licensing protects the health, safety, and well-being of children needs to be improved. Too often, public support for licensing is weak and unlicensed child care flourishes as a result of community indifference. The importance of licensing to promote good child care requires the education of parents, providers, and public leaders.

Some states have improved the community awareness of the need for child-care standards through television and radio advertising and talk shows, newspaper articles, and the work of community coordinators. Such publicity not only educates parents but also offers positive support and reinforcement to licensed operators.

Recommendation: The Department of Human Services should provide leadership through its child-care services unit; it should educate parents on what to look for in licensed child care through public education and information efforts. The department should work in partnership with as many community groups as possible, for example, business organizations, social service groups, and churches.

Public leaders should emphasize how licensing protects children by using radio and television advertising and other media efforts.

6. New Kinds of Child-Care Services

Finding: Roadblocks exist to the creation of quality child-care services in the areas of infant and toddler care, sick-child care, and school-age child care.

Recommendation: The Department of Human Services should provide leadership in state government by working with others to research and develop innovative approaches and incentives to promote and encourage the expansion of child-care services for infant care, sick-child care, part-time care, and school-age child care.

The Survey Says...

Almost 100 percent of all survey respondents who take infants said that they had had requests for infant care that they could not fill because their licensed infant enrollment was full. Many reported receiving more than one call per week from families seeking such care. Child-care centers that maintain waiting lists report long waiting lists for infant care.

THE SURVEY SAYS: RESULTS FROM SURVEY OF CHILD-CARE PROVIDERS

METHODOLOGY

Purpose of the Survey

This survey of child-care providers in Minnesota was undertaken as part of the effort made by the Minnesota Council on Children, Youth and Families and the Minnesota Department of Human Services to comply with the request of the Minnesota Legislature for information and suggestions that might help the Legislature to improve the daycare system in Minnesota and to encourage persons to enter and remain in daycare.

The Survey Instrument

The survey instrument was a schedule of 28 questions for family and group family daycare providers and 32 questions for child-care center operators.* The questions asked were designed to elicit information on the six categories identified for task force study. Schedules appear at the end of report.

The questionnaire was administered through telephone interviews. Most respondents were able to answer the schedule of questions in 10 minutes including time for qualification of answers and anecdotal enrichment or comment.

The Family and Group Family Sample

A 2% sample of family and group family daycare providers was selected at random from the list of licensed providers maintained by the Licensing Division of the Department of Human Services. Since the Licensing Division estimates that about two-thirds of the providers have family licenses and one-third have group family licenses, the sample for each type was selected separately to insure that each group was represented proportionately in the sample. Further, the sample was stratified geographically for the Twin Cities Area (the seven-county SMSA) and the remainder of the state.

* See pages 58 to 63.

As of September 1986, the most recent information available, the Licensing Division's list of licensed family and group family daycare providers contained 9,334 names. Thus, the sample contained 186 names structured as follows:

Structure of Family and Group Family Sample

	Number of Providers	2% Sample
Twin Cities		
Family License	3,501	70
Group License	1,666	33
Remainder of State		
Family License	2,506	50
Group License	1,605	33
Total		
Family License	6,007	120
Group License	3,327	66
	9,334	186

When the interviews had been completed, the disposition of the sample was as follows:

Completed Interviews		115
Metro Area	61	
Remainder of State	54	
Inactive Providers Reached		24
Metro Area	13	
Remainder of State	11	
Refused to Participate		1
License Revoked		1
Unable to Reach*		45
		186

* The local telephone company was unable to provide a number for these surnames at the address given on the Licensing Division's list. Thus, there is a possibility that many of these licensed providers are in fact inactive.

The Child-Care Center Sample

The names, addresses, and telephone numbers of child-care centers in Minnesota were supplied by the Licensing Division. When Head Start schools, Montessori schools, and preschools were eliminated from the list, 516 centers remained as the basis for the survey

Structure of Child-Care Center Sample

	Number of Centers	4% Sample
Metro Area	335	13
Remainder of State	181	7
Total	516	20

The survey was conducted by telephone using a schedule of questions very similar to that used for the survey of family and group family daycare providers. In each case, the interviewer talked with the director of the center and in some cases with the owner and/or financial officer as well.

Three of the centers in the sample had gone out of business within the past six months. Thus, the number of active centers in the sample was 17.

The Provider Who Has Left the System

The interviewer reached a total of 24 family and group family providers who had left the system within the past year. Each provider gave her reasons for doing so. Reasons given by the providers are arranged in descending order of occurrence in the following list. The total will reflect the fact that many providers gave more than one reason.

* Low income	6
* Stress, burnout, illness	6
* Back to school, career change	6
* Insurance costs	4
* Red tape, regulations	4
* Returned to unlicensed care	3
* Provider had own new baby	1
* Unclear	3

Thirteen of those who left daycare were from the metropolitan area and eleven from the remainder of the state. The only reason given significantly more often by metro than outstate respondents was stress and burnout.

Of the three child-care centers which had gone out of business, one was in the metropolitan area, and two were in cities in the southern part of the state. In two cases, the interviewer was able to reach the former director

and to ask questions about the center and its closing; in the other case, some information was available from other persons who knew the center. The reasons given for closing the three centers did not appear to have a strong common thread. One center was operated in and by a church, and church officials made the decision to close. The former director of a drop-in center in an upper-income area said that after six years of operation she found the center's income unsatisfactory. The other closed center had operated as a partnership and it closed when one of the partners moved out of the state.

THE FAMILY AND GROUP FAMILY DAYCARE SURVEY

Capacity and Enrollment

Total licensed capacity of the 115 family and group family licensed respondents was 1,061, or an average of 9.2 children per provider. Total full-time enrollment among the providers at the time of the survey was 751, or an average of 6.5 children per provider. The full-time enrollment figure includes 95 children of providers who were not yet of school age. The difference between licensed capacity and full-time enrollment, 310, should not of course be taken as an accurate indicator of unused capacity because many of the providers care for several children part time. Providers could not estimate their full-time equivalent enrollment because their mix of children varies from day to day.

Distribution of Licensed Capacity

Licensed Number of Children	Number of Providers in Metro Area	Number of Providers Rest of State	Total
1 - 6	15	16	31
7 - 10	37	28	65
More than 10	9	10	19

Distribution of Full-Time Enrollment

Number of Children Enrolled Full Time	Number of Providers in Metro Area	Number of Providers in Rest of State	Total
1 - 6	29	52	81
7 - 10	19	13	32
More than 10	2	0	2

Due to the complex pattern of part-time enrollments, it was difficult in some cases to determine exactly how close a daycare provider's enrollment came to total licensed capacity. The 59 providers who defined themselves as having unused capacity were asked to say why that might be. Their answers were categorized as related to personal concerns, the market in general, or problems caused by ratios.

1. Personal. Most (64%) said that they had the number of children they wanted in terms of the space in their homes or their own personal preferences. Others were keeping an open slot for an upcoming baby or wished to keep a place free so that they could help out friends and neighbors in an emergency.

2. Market. This category (22%) included statements about poor local economy, unemployment of parents, or competition from too many other daycare providers in the area.
3. Ratio. Respondents (14%) mentioned vacancies created by lack of demand for preschooler care, for which the provider could not compensate by taking more infants and toddlers in spite of the great demand in those age groups. A few providers claimed to be suffering economic hardship caused by the lack of fit between the ratio age mix and the age mix of nearby children.

The Crisis in Infant Care

Have you had requests to care for infants that you could not fill?

Yes - 97 No - 18

The mere word yes seems inadequate to convey the quality of the response to this question. The addition of several exclamation marks might give a better sense of the sound of the answers, especially with the added knowledge that the negative category is largely composed of daycare providers who do not take infants at any time.

The fact that a large number of respondents reported receiving at least one call per week for infant care suggests that the total statewide capacity of the licensed daycare system in Minnesota may be inadequate to care for the infants born in the past year.

Provider Opinion on Ratios

Ratios for the age mix of children within a daycare home are set to insure proper supervision of the children. What is your opinion of current ratios? Do you think they are appropriate, too strict, or too loose?

Appropriate - 55 Too Strict - 37 Too Loose - 4 Yes, But - 10
Don't Know - 8

This question was asked of each provider in the first three terms above. However, when the answers were coded, the latter two categories were added to the original three to provide more definition of the answers as they were given.

If all the respondents who said that the current ratios are "appropriate" were to be placed in that single category, an incorrect impression of their level of approval would be given. Therefore, a category called "Yes, but" was added, since its members share some opinions with the "too strict" group. Fifty-five respondents (48%) called the current ratios appropriate, and 10 (9%) said the ratios are appropriate in general but added a qualifying statement, such as "I think the ratios are appropriate for most people, but I could care for more toddlers and infants if I had no older children," or

"As a general rule, the ratios are okay, but I think they should give the daycare provider credit for using her own judgment to a greater degree as to what she can handle."

The most frequently offered suggestion on ratios was to change the top end of the toddler definition from 31 months to 24. The majority of providers who made any suggestion stated that that change would be the single most effective thing they could think of to ameliorate their ratio problems.

Several respondents reported that they do not take infants because they don't like dealing with them. Those providers have no problem with current ratios, but providers who prefer infants and believe that they could handle more of them are not allowed to do so. "I just love babies," said a typical member of the latter group, "and I could care for six of them very well if they could go someplace else when they start to toddle."

A group of eight respondents was coded as "don't know." During the interview it did not appear that they knew, or perhaps cared, about the ratios. Extenuating circumstances for this ignorance were provided by other answers given by some members of this group: they may not take infants and toddlers, or they may have cared for a single family long enough to have forgotten the details of the ratios. Providers who flout such rules would be rare indeed in child care -- the typical child care provider appeared to be painfully conscientious -- but one such was found. "I make my own rules," she said, and since she refused to discuss the subject of rules enough for the interviewer to be sure she knew them, she was coded with the "don't know" group.

Provider Income

How much do you charge per hour or per week?

	Metropolitan Area	Remainder of State
Average Hourly Rate	$1.95	$1.54
Average Weekly Rate	$61.00	$46.66

The lowest weekly charge discovered in the survey was $30.00 and the highest was $100, but rates clustered narrowly around the average. There were few providers charging rates near the extremes of the range. All providers who reported a weekly or an hourly rate were included in the average, but not all providers quoted charges in both terms.

The survey revealed that there is some tendency for providers who have been in daycare longer to have failed to increase their prices to keep pace with local averages. For example, the lowest charge reported in the survey, $30.00 per week, was quoted by a provider who had been daycare nearly 20 years. Other examples showing a relationship between lower charges and longer tenure were found. A partial solution to income problems in these cases is obvious.

Makers of public child care policy quickly discover that economic gain is not necessarily one of the primary reasons that motivate people to undertake this work. Survey responses indicate that family daycare providers are concerned about their income level, but they often seem to subordinate that concern to their major reason for providing daycare: to subsidize their own ability to stay home with their own children. Many expressed astonishingly generous feelings toward their client's financial situations. One woman, who is her own sole support, has no regular charges; when she accepts a child, she has a talk with the parents and they come to mutual agreement on what the family could and should pay. Many providers, at considerable financial sacrifice to themselves, give a price break to families with more than one child in their care, not because caring for two children from one family is less work than caring for two unrelated children, but because they sympathize with the family's inability to pay more.

Insurance

Do you have insurance now?

Yes - 99 No - 16

The respondents who are not now insured include some who have let their insurance lapse in the past year due to their perception that the cost is too high and some who never carried daycare liability insurance. "If people know you have insurance, it just invites them to sue you," said one uninsured provider.

With which firm are you insured?

The Adults and Childrens Alliance, an organization which vends liability insurance to family daycare providers in Minnesota, holds a dominant position in family and group family daycare insurance in the state. Seventy-seven percent of the respondents with daycare liability policies are insured through the Alliance, while 18% are insured with other firms. (Five percent of respondents could not recall the name of their insurance carrier.)

What kind of insurance do you have?

Of the 99 respondents who stated that they have insurance covering their daycare operation, 79 have a daycare liability policy, and the remaining 20 have some level of liability insurance through a rider on their homeowner's policy. Little else can be stated with any degree of assurance; doubtless, individual policies vary in details of coverage.

How much do you pay per year?

Family and group family providers with daycare liability policies reported that they pay from $70.00 to over $300 per year, with an average of $177.61. Those who are insured by a rider on their homeowner's policy pay an average of $34.40 per year.

Family daycare providers were very distressed because the Adults and Childrens Alliance raised its premium rates by approximately 100% in the past year. They expressed dismay at the abruptness of the increase and fear for the future should such increases continue. Several respondents had received their bills for next year during the month before the survey was taken, had not paid them, and were considering dropping their insurance because of the cost.

Have you ever made a daycare-related claim on your insurance?

Only six of the family daycare respondents had ever in their entire daycare careers made a daycare-related claim on their insurance. All of the reported claims, which had occurred over a period of more than three years, were for minor normal childhood cuts and bruises, and none resulted in a medical bill of over $75.00.

Licensing Administration and the Food Program

How much time elapsed between the time you finished your license application at the county level and your food program eligibility began?

30 Days - 87 60 Days - 9 90 Days or Longer - 4 Don't participate - 15

The overwhelming majority of daycare providers reported no problems with administration of the food program. In fact, many said that they were happy to have an opportunity to state how valuable the program is to them. Several providers related little anecdotes about feeding their children that revealed how seriously they take child nutrition and how much they appreciate the educational materials that accompany the program. "I've learned so much about nutrition from this program," said one older provider, "that I'm feeding my own family much better than I ever did before."

For cases in which respondents reported a delay of 60 days or more, each was asked to relate the circumstances as she knew them. In most cases, the provider identified the cause as delay in required visits to her home by the local fire marshall or the county licensing worker. Interestingly, these delays seemed to have happened not when the provider was originally licensed but when she moved. Further investigation would be needed before conclusions could be drawn from these few incidents, all of which happened some time ago.

Cases where delays have occurred very recently were attributed to computer problems at the state level.

Fire Regulation

When the fire marshall inspected your home, if he did, as part of your license application, did he require any new equipment or structural changes in your home?

In 56% of the reports made by the 115 active providers, the fire marshall either did not make an inspection or made no recommendations for safety improvements in the home. Minor changes or equipment purchases costing under $100 were required in 20% of the cases. For 18% of the providers the fire marshall made demands for structural changes which cost from $300 to over $3,000. These changes included fire doors between the home and an attached garage, sheetrocking garages, and enlargement of windows. A small number of respondents, 6%, were in the process of deciding whether to made the required changes or had decided not to use their basements in order to avoid the expense of enlarging windows.

Have you ever called the fire department to report a fire?

Only one family provider had ever had to call the fire department, and she was happy to learn when they arrived that there was no fire.

The Daycare Provider

How many years have you been a daycare provider?

With a range of less than one year to more than 26 years of experience, the average duration of service for family and group family providers in the survey was eight years.

What did you do before you became a daycare provider?

Clerical workers	31%	Teachers	11%
Manufacturing, service fields	17%	Other professional, technical	29%
Managers, self employed	4%	Other	8%

Respondents were asked to give their former occupations as one possible indicator of educational background and preparedness, and the answers were grouped into six broad categories. The category titled "Other professional and technical fields" includes nursing, social work, other health technologies, and other fields for which some post-secondary education is generally required. "Other" includes students and homemakers who have not worked outside the home.

A comparison of the above data with figures from the 1980 U.S. Census suggests that licensed daycare providers are at least as well prepared educationally as other working women in Minnesota. The 11% of providers in the active group who are former kindergarten or elementary teachers compares favorably with the 7% of Minnesota working women as a whole who were K-12 teachers. Other professional and technical fields, too, are more strongly represented among licensed daycare providers than among Minnesota working women as a whole.

What is your general feeling about daycare as a career for yourself, and how many years would you like to stay in the field?

Have already left the field	24
Plan to continue up to two years	22
Plan to continue three to five years	26
Plan to continue indefinitely	60
Would like to quit, no definite time	7

Of the total of 139 persons reached in the survey, 24, or 17%, had left the field within the past year.

Of the 115 active providers interviewed, 19% plan to quit within the next two years, and 23% plan to remain active for three to five years.

Through the telephone survey method it is possible to gather incidental information and subjective impressions in addition to objective answers. The voices of Minnesota daycare providers project an impression, which is borne out by the statistics compiled from their answers, that there is a polarity in the degree of satisfaction they feel. For some, child care is a stressful occupation, and for others it is a joy. Those who are neutral about this work are few. Slightly less than half the providers account for the turnover in the field, and slightly more than half plan to continue indefinitely as career daycare providers.

The typical licensed daycare provider entered daycare to make it possible to stay home with her own small children. When her youngest child is in school she will think very seriously about resuming her career outside the home, but there is a chance that by then she will have found that she enjoys the work so much that she will continue to do it. Says one former teacher who had planned to return to teaching, "I found that supervising the children became so much easier when my own children were in school. I enjoy watching these children develop so much that I decided to continue."

As they reflected upon their work, the daycare providers who enjoy child care demonstrated many characteristics in common. They seemed to be bright, energetic, committed, caring, and possessed of strong humor. Child care demands a high level of physical and emotional energy, and for those to whom the presence of children is draining, the work is highly stressful. The successful daycare provider enjoys being with children, and she believes that raising children is the most important work she could do. "This is my profession, and I treat it like one," said an enthusiastic provider. "Kids are my career," said another. Many others spoke in similar terms of their desire to learn and to achieve in this field.

THE CHILD-CARE CENTER SURVEY

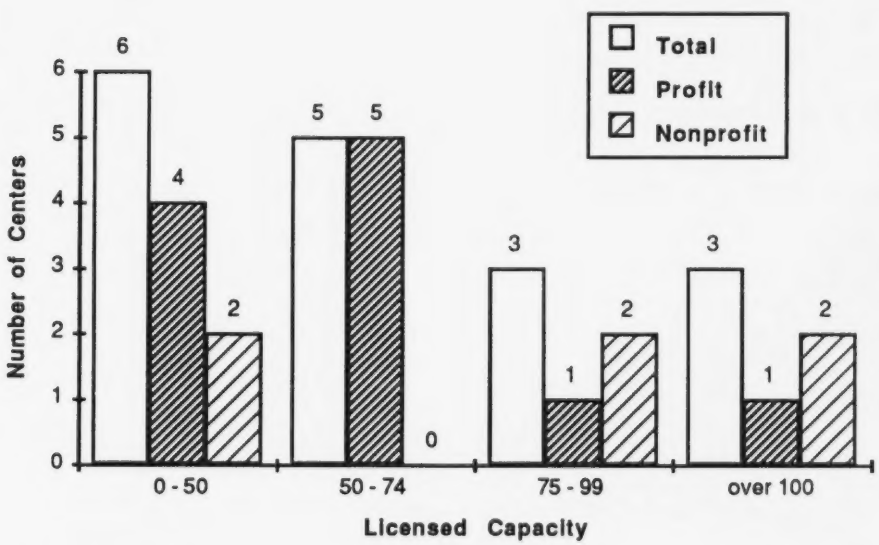
The Center Itself

Nine of the 17 active child-care centers in the survey occupied space in a part of a larger institution, usually a church or community center. Five centers operated in older buildings remodeled for the purpose, and three were in newer buildings constructed especially for them. The centers have been in business for an average of 13.9 years, with a range of just over a year to 55 years.

Six centers operated for profit and 11 were nonprofit. Of the nonprofit centers, six were private, independent organizations; three were sponsored by community organizations as part of their larger mission of service; and two were sponsored by churches. Of the for-profit centers, four were independent or single units in small local organizations, and two were units in large national chains.

Licensed Capacity and Enrollment

Licensed Capacity of For-Profit and Nonprofit Centers by Size



Licensed capacity of child-care centers in the survey ranged from 18 to 121, with an average of 63. Full-time enrollment ranged from 10 to 121, with an average of 50.

Average Capacity and Full-Time Enrollment for Centers

	Licensed Capacity	Full-Time Enrollment
For-Profit	77	67
Nonprofit	56	41
Total	63	50

Among child-care operators who said they had unused capacity, 31% attributed their vacancies to competition; 23% gave local unemployment or poor economy as their major problem; and 31% gave other reasons, such as normal turnover, space closed for remodeling, etc.

The Demand for Infant Care

The shortfall situation in infant care is the same in centers as in family daycare. Only six of the 17 centers in the survey take infants, and the average number of infants in the six centers was nine. One center owner reported having 90 infants on her waiting list.

Costs

The amount charged for taking care of a toddler in a child-care center came to an average of $73.57 per week. In the metropolitan area the average was $76.00, and the average in the remainder of the state was $58.00. Statewide, the weekly charge for toddler care ranged from $56.00 to $90.00.

Subsidies

Children whose care is subsidized by a program administered through the county are far more likely to be in a child-care center than in a family daycare home. Only four centers had no children for whom the parents were not receiving some public subsidy in order to pay child care costs. The total number of children receiving some public subsidy in the centers surveyed was 202, an average of 15.5 children per center. In contrast, 44 children receiving some public subsidy were found in the entire sample, 115 providers, from family and group family daycare.

But there were other forms of subsidy reported in the center system. Six of the centers were able to help families in need through their own resources. Several nonprofit center directors reported that to a limited degree they could defer or forgive payments at their own discretion. Centers sponsored by churches were likely to have access to a parish fund that they could occasionally use to help families. One center had 22 children partially subsidized through the resources of its parent organization. Interestingly, directors of two for-profit centers said that they probably could forgive partial payment for families in great need, but that they had never been asked. "We wind up subsidizing children by being unable to collect the bill," said one.

Two for-profit centers reported another form of subsidy. They gave large employers a special discounted rate for bulk purchases of child-care vouchers which were given to employees as part of the corporate benefit plan.

Center Insurance

The insurance picture for child-care centers is very different from that in family daycare. Costs, carriers, and coverage vary much more widely between centers than between family providers.

Identifying the costs of insurance for child-care centers is complex. Many nonprofit centers' insurance is part of the total insurance package of the sponsoring organization. Some centers' insurance includes such items as professional liability, accident coverage for employees, etc., while others have those items covered in separate policies. It is not possible within the scope or method of this survey to make significant comparisons on costs.

However, some statements based on data collected are possible:

* Insurance premiums for center-based child care have risen even more than for family daycare. Several centers mentioned recent increases in the area of 300%.

* No one organization dominates insurance of child-care centers in Minnesota. Only two firms, INA and the St. Paul Companies, were mentioned more than once by the 17 respondents. (The St. Paul Companies insures three of the respondents.)

* There is a general, but by no means precise, correlation between size of center and per-child cost of insurance.

* The range in cost is wide. The smallest center paid $600 last year and the largest $9,600. But when the cost is divided by the licensed capacity of the center, the range lies between $13.00 and $106.00 in cost per licensed opening. When the smallest center's insurance bill is divided by its licensed capacity, it is seen to be paying $33.30 per child, far from the lowest per-child cost.

Center owners have had to use ingenuity in dealing with the threat that the cost of insurance poses to the continued existence of their businesses. One owner, who operates for-profit centers at several locations in the Twin Cities, went directly to the parents for help in the insurance crisis. When the parents learned that the center's insurance premium had quadrupled, related the owner, they were very understanding and agreed to pay a special assessment of $26.00 per child spread out over the year in four payments of $6.50 each.

A nonprofit center, hit with a 350% increase in insurance costs, was able to go to the funding community for a special grant to pay the bill. Should such a rise occur again, however, it is unlikely that the sponsoring charitable organization would continue that practice.

While these center operators have averted the crisis for the moment, they cannot feel secure from the fear that such threats will recur. The question of who can and will pay for the rising costs of insurance remains.

FAMILY AND GROUP FAMILY QUESTIONNAIRE

License #_____ Phone #_____ County_____

Hello. My name is_____. I am calling from the Minnesota Council on Children, Youth and Families. The council has been asked to come up with recommendations to the legislature on how we can encourage more people to enter and remain in daycare. We are taking a survey of daycare providers in Minnesota to seek their opinions on certain issues.

You may be assured that your answers to this survey will be held in strictest confidence.

Do you have time to talk to me now? If not, could you tell me when it would be more convenient to call back?_____.

INSURANCE

One of the most frequently mentioned problems of daycare providers is insurance, and I'd like to ask you a few questions about that issue.

1. Have you had trouble getting or keeping insurance during the past year? ( ) Yes ( ) No
   Liability_____
   Homeowners_____
   Auto_____
2. Do you have insurance now? ( ) Yes ( ) No
3. If not, do you think you need it? ( ) Yes ( ) No
   Comment_____
4. What kind of insurance do you have? _____
5. With which firm? _____
6. How much do you pay per year? _____
6a. Have you ever made a daycare-related claim? _____

FIRE REGULATION

Another area in which daycare providers commonly report problems is the administration of fire regulations throughout the state.

7. When the fire marshall inspected your home as part of your original license application, did he require any new equipment or structural changes in your home?
   _____ equip
   _____ structure
8. What did these modifications cost you? _____
9. When did the fire marshall last inspect your home? _____
9a. Have you ever called the fire department for a fire? _____

LICENSING ADMINISTRATION

10. How much time elapsed between the time you finished your license application at the county level and your food program eligibility began?
( ) 30 days
( ) 60 days
( ) longer

CAPACITY/RATIOS

11. You are licensed to care for ___ children, isn't that right? (If wrong, the correct number is_____.)
_____ licensed capacity

12. What is your full-time enrollment right now? _____

13. And how many of those are your own children? _____

14. (If operating at less than capacity), What is your reason for having that number at the present time?_____ ( ) check if personal

15. (If reason is not personal, but related to market), What do you suppose the reason for that is?_____
_____

16. Have you had requests to care for infants that you could not fill? ( ) Yes ( ) No

17. Ratios for the age mix of children within a daycare home are set to insure proper supervision of the children. What is your opinion of current ratios? Do you think they are--
( ) appropriate
( ) too strict
( ) too loose

COSTS

Now about costs--

18. What is your charge per hour? _____ _____
_____ _____

19. How many of your children have part or all of their costs paid through the county? _____

DAYCARE AS A CAREER

20. How many years have you been a daycare provider? _____

21. (Licensee's age) _____

22. (Licensee's highest level of education) _____

23. What did you do before you became a daycare provider?_____
_____ _____

24. Do you belong to any daycare-related associations? ( ) Yes ( ) No

    Name_____

    _____

25. How many meetings have you attended in the past six months? _____

26. How many years would you like to stay in daycare? _____
    Comment_____

Profit____ Nonprofit_____

Sponsorship_____

CENTER
QUESTIONNAIRE

License #_____ Phone # _____ County _____

Hello. My name is _____. I am calling from the Minnesota Council on Children, Youth and Families. The council has been asked to come up with recommendations to the legislature on how we can encourage more people to enter and remain in daycare. We are taking a survey of daycare providers in Minnesota to seek their experience and opinions on certain issues.

You may be assued that you answers will be held in strictest confidence.

Do you have time to talk to me now? (If not) Could you tell me when it would be more convenient to call back?_____

PHYSICAL SETTING

First, some questions about your center--

1. How long has your center been open? _____

2. Are you in a new building which was built for this purpose _____
   -- a remodeled older building _____
   -- part of a school, church, or what? _____

3. What did it cost you to bring your building into compliance with safety standards in the fire and building codes? _____

CAPACITY

4. What is your total capacity? _____

5. What is your full-time enrollment right now? _____

6. What was your highest enrollment ever? _____

7. When was that? _____

8. (For centers that take infants) --
   How many infants do you have? _____

9. Have you had requests to care for infants that you could not fill? _____

10. If you are operating at less than capacity, what do you suppose the reason for that is?
    Parents can't afford center care? _____
    Parents prefer other arrangements _____
    Other_____

INSURANCE

One of the most frequently mentioned problems of daycare providers is insurance. I'd like to ask you --

11. whether you have had trouble getting or keeping insurance or any problems with insurance companies in the past year or so? ( ) Yes ( ) No
    Cancelled_____
    Renewed with big increase_____
    Other_____

12. With which firm are you insured now? _____

13. How much do you pay per year now? (Doesn't know___) _____

14. How much did you pay last year? (Doesn't know___) _____

15. Have you ever made a daycare claim? _____

FIRE

16. Have you ever had to call the fire deparetment? _____

FOOD PROGRAM

17. Would you participate in the food program if all the children could participate and you received the same amount for each? ( ) Yes ( ) No
    _____

QUALITY INDICATOR

18. How do you involve parents in your programs?_____ _____
    _____

COSTS

19. What do you charge per _____

20. How many of your children have part or **all of** their costs paid through the county? _____

21. How many are subsidized through the center itself? _____

DAYCARE BUSINESS

22. How many years have you been a child care center operator? _____

23. What did you do before that? _____

24. Educational bakcground_____ _____

25. How many staff do you employ? _____

26 Is finding staff _____

or staff turnover _____
a problem ?

27. Do you belong to any daycare-related associations? ( ) Yes ( ) No
Name_____

28. How many meetings/classes/functions have you attended in the past 6 months? _____

29. Are you operating at a loss? ( ) Yes ( ) No

_____

30. For profits
What would it take for you to make a profit?_____

31. For nonprofits --

Could you estimate what percentage of your operating expenses are subsidized? _____

32. If you had access to more money, what would be highest on your want list? _____

MINNESOTA COUNCIL ON CHILDREN, YOUTH, AND FAMILIES

The Minnesota Council on Children, Youth and Families is a 23 member interagency advisory body that provides public advocacy and support on selected issues relating to children, youth and families. It is under the jurisdiction of the Department of Human Services. Fifteen members are citizens with demonstrated interest in the needs of poor children and youth, and eight members are representatives of these state agencies: Health, Education, Human Services, Public Safety, Corrections, Jobs and Training, Finance, and State Planning.

The council works to accomplish these goals:

- Improve interagency coordination and focus on issues relating to children, youth and families
- Develop better statewide policies on issues targeted for action by the administration
- Provide forums through which the families can voice concerns
- Serve as an information resource on the needs of children, youth and families

Establishment of the council as a permanent and ongoing body marks the fruition of work begun by a special task force on families commissioned by Governor Rudy Perpich during his first administration in 1978. He charged that task force to examine "ways in which existing public policies and programs are affecting families with children in Minnesota and to recommend legislative or executive actions which might be supportive of families."

Governor Perpich established the Governor's Council on Families and Children in July 1984 and placed it within the Department of Human Services. In his executive order, he mentioned the "richness of ethnic diversity and family types among Minnesota families, that rapid and radical social change have put new pressures on these families and their children, and that it was his intent in establishing such a council to try to alleviate some of these pressures, especially those which may have been aggravated by public policy."

In appropriating monies to the council, the Legislature noted the existence of family-related programs in several state agencies. Council membership was expanded to include representation from these state agencies and the council was directed to make interagency coordination of programs and services to families with children a priority.

CHILD CARE TASK FORCE MEMBERS

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Appendices

Making Child Care Work

Child Care Task Force Report to the 1987 Minnesota Legislature

Appendices

Making Child Care Work

Report to the 1987 Minnesota Legislature
by the Child Care Task Force

Minnesota Council on Children, Youth and Families
Department of Human Services
4th Floor Centennial Office Building
St. Paul, MN 55155

January, 1987

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Introduction

This volume of appendices provides additional information concerning the issues raised in the first volume of Making Child Care Work. Several state agencies provided reports to the Child Care Task Force, and this document includes those reports, as well as other supplementary material. The task force members used these reports as background for their study.

The Department of Commerce gave the Child Care Task Force a copy of its insurance survey "Day Care Liability Insurance Survey Results." The department surveyed insurers to determine what coverage is available and from whom. The Department of Education submitted a report that describes the Child Care Food Program and includes specific recommendations to the task force. The Department of Public Safety also provided the task force with its report, "Fire Safety in Day-Care."

The task force used the training material prepared by the University of Minnesota, "Competency Standards: Minnesota Family Day Care Training and Assessment Project" as a resource in considering what are indicators of quality in child care. The staff of the Council on Children, Youth and Families prepared for the task force the report on "Licensing and Alternate Forms of Regulations," and the paper "Research on Indicators of Quality in Child Care" was written by a child development specialist who works in the Licensing Division of the Department of Human Services.

Many good comments and recommendations came from people in the communities that Lieutenant Governor Marlene Johnson visited this sommer and fall. Some of those comments and suggestions appear in the appendix "Community Meetings."

Appendix A.
Daycare Liability Insurance Survey Results

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
ST. PAUL 55101

OFFICE OF THE COMMISSIONER

500 METRO SQUARE BUILDING
ST PAUL, MN 55101

DAY CARE LIABILITY INSURANCE

SURVEY RESULTS

November, 1985

Michael A. Hatch
Commissioner

AN EQUAL OPPORTUNITY EMPLOYER

INTRODUCTION

Day care providers, both family providers and those who operate day care centers, have been having a difficult time obtaining liability insurance. As a response to numerous telephone calls and letters regarding the liability insurance issue, the Department of Commerce met with insurers and day care providers to discuss issues of mutual concern. Because the Department had relinquished its authority to review commercial filings in 1982, it really had no way of knowing which companies were or were not writing day care insurance. Therefore, Commissioner Hatch requested that a survey be conducted to determine the availability of day care insurance and the experience day care insurers have had with this line.

The information gathered is somewhat limited in that the insurers frequently state in their responses that they do not have statistics "broken out" by the category of day care liability insurance specifically. It is apparent that the companies who responded do not have any uniformity as to how they classify day care insurance. Also, because day care liabilty is a small part of each respondent's total business, many insurers state they do not keep separate data.

Furthermore, since the beginning of November, several insurance brokers and day care providers have called the Department of Commerce to say that despite an insurer's "positive" response on our survey, some of the respondents are no longer writing any new business. Therefore, the fluid nature of this line of insurance requires that potential insureds re-verify the availability of day care insurance when using the names supplied in this report.

Survey Responses:

* We surveyed 667 insurers, of which 527 were licensed carriers and 140 are eligible surplus lines companies.

* 429, or 81%, of the 527 licensed carriers responded.

* 75, or 54%, of the 149 surplus lines companies responded.

* 39 companies supplied some information. Of those, 22 provided some statistical information pertaining to premiums and losses so that loss ratios could be computed.

* Of the 39 respondents, 35 indicated they are currently writing day care policies as follows:

  * Both family day care and day care centers 17

* Family day care only 8

* Day care centers only 6

* Church-related day care only 7

(Note: Total does not equal 35 because several companies appear in more than one category.)

(For names of companies, see Attachments A, B, C, D.)

* 2 companies indicated they "may write in the future." (Attachment E)

* 8 companies indicated they will decrease the amount of day care liability insurance they write over the next one to three years.

Attachment F and Table I:

* Of the respondents who indicated they currently insure day care centers, 7 say they will only insure those centers which are church-related and/or part of a church already insured by that company. No conclusion has been drawn as to why those seven companies restrict their coverage to church-related centers. (A separate questionnaire could provide an answer.)

* Of the respondents who indicated they currently insure family providers, 7 indicate they write this coverage as an endorsement to a homeowner's policy.

* 19 insurers indicate they would prefer writing a claims-made policy as opposed to an occurrence policy.

* Of the 10 companies who specified exclusions (other than "church-related"), 8 exclude sexual abuse or molestation.

* The question relating to the stringency of standards was frequently answered "N/A", however, no company indicated it had standards less stringent than Minnesota's and 13 indicated they required standards "as stringent as Minnesota's."

Table II:

* In order to observe "trends," if any, three individual years were selected for the sake of generalization.

* During the period 1980-1984, our survey showed 960 policies written in Minnesota, with a total of 54 claims, open and closed.

* During the same period, 1980-1984, premiums earned by respondents were $399,522. Losses incurred were $221,400 for an overall loss ratio (including loss adjustment expenses) of .55.

* The survey shows a national loss ratio for 1980-1984 of 1.03.

* In Minnesota, for every $1.00 paid in premium the insurance company paid out 55 cents in claims and expenses.

* Nationwide day care insurers paid out $1.03 for every dollar of premium.

* The Insurance Service Office (ISO) recently released figures showing Minnesota had a loss ratio of only .172, among its members, for a four period 1980-1983.

* According to the ISO report, Minnesota has one of the lowest loss ratios in the country, ranking 6th from the bottom.

CONCLUSIONS

The survey shows that day care liability insurance is available on a limited basis. However, insurers frequently place restrictions on policyholders as to numbers of children and types of facilities. The end result being that unless the family day care provider is caring for fewer than four children or a day care center is church-related, it is very difficult to obtain insurance.

Insurers of Minnesota's day care industry have experienced a low loss ratio over the past years. The Department's survey indicated a 55% loss ratio among respondents for a five year period (1980-1984) and, the insurance industry reported an even lower 17% for a four year period (1980-1983) among ISO members. Therefore, it would appear that Minnesota's loss history has not been a factor in negative national statistics. Nevertheless, nationwide loss figures have caused a constriction in the Minnesota market as well.

Finally, telephone calls and letters to the Department since the survey, indicate that the problem of obtaining day care liability insurance is still apparent with no indication that the situation will improve in the near future.

FAMILY DAY CARE AND DAY CARE CENTERS

Aetna Casualty & Surety Company
American Economy Insurance Company
American Family Mutual Insurance Company*
American States Insurance Company
Auto-Owners Insurance Company
California Union Insurance Company (selective basis)
Capitol Indemnity Corporation
Church Mutual Insurance Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Company Underwriters, Inc.
Fireman's Fund Insurance Companies
Grinnell Mutual Reinsurance Company (on a very limited basis).
Minnesota Mutual Insurance Company
Ohio Farmers and Westfield Insurance Company
United States Fidelity and Guaranty Company
Wasau Insurance Companies Group
Western World Insurance Company

* Day Care Centers must be church-related.

ATTACHMENT B

FAMILY DAY CARE ONLY

ENDORSEMENT TO HOMEOWNERS:

Aetna Casualty & Surety Company will write Homeowners endorsement for up to five children (also writes centers).

American National Property & Casualty

Austin Mutual Insurance Company

Iowa Kemper Insurance Company

Milbank Insurance Company

Northern Mutual Insurance Company

United Fire & Casualty Company

ATTACHMENT C

DAY CARE CENTERS ONLY

Agriculture Excess and Surplus Insurance Company

Constitution State Insurance Company

Hartford Insurance Group

Northfield Insurance Company

Ohio Causualty

St. Paul Group

DAY CARE CENTERS - CHURCH RELATED ONLY

American Family Mutual Insurance Company

Atlantic Mutual Centennial Insurance Company

Brotherhood Mutual Insurance Company

Church Insurance Company (The)

Goodville Mutual Casualty Company

Lutheran Benevolent Insurance

Preferred Risk Mutual Insurance Company

MAY WRITE IN THE FUTURE

LIBERTY MUTUAL INSURANCE COMPANY

"Have developed our own coverage form which is now on file with Massachusetts Insurance Department (not yet approved). Our form is claims-made with a policy aggregate and contains a sexual molestation exclusion."

PINE TOP INSURANCE COMPANY

"We discontinued writing in August but will write again in January. Will not write any 24 hour facilities, require 8:1 child to adult ratio, no infants ..." (This is a non-admitted carrier).

ATTACHMENT F

RESPONSES

Aetna Casualty & Surety Company

Agricultural Excess and Surplus Insurance Company

American Economy Insurance Company

American Family Mutual Insurance Company

American Fire & Casualty Company

American National Property & Casualty

Atlantic Mutual/Centennial Insurance Companies

Austin Mutual Insurance Company

Auto-Owners Insurance Company

Brotherhood Mutual Insurance Company

California Union Insurance Company

Capital Indemnity Corporation

Church Mutual Insurance Company

Church Insurance Company (The)

Constitution State Management Company

Fidelity & Guaranty Insurance Company

Fidelity & Guaranty Insurance Underwriters, Inc.

Fireman's Fund

Great American Insurance Company

Grinnell Mutual Reinsurance Company

Goodville Mutual Casualty Company

Hartford

Iowa Kemper

Lutheran Benovolent Insurance Exchange

Milbank Insurance Company

RESPONSES

Minnesota Mutual Fire & Casualty Company

Mission Insurance Company

North Star Mutual Insurance Company

Northern Mutual Insurance Company

Northfield Insurance Company

Ohio Casualty Insurance Company

Ohio Farmers/Westfield Insurance Company

Preferred Risk Mutual Insurance Company

St. Paul Group

United Fire & Casualty Company

United States Fidelity & Guaranty Company

Wausau Insurance Company

West American Insurance Company

Western World Insurance Company

TABLE II

NAME OF COMPANY	YEAR IN WHICH PREMIUM WAS EARNED AND LOSS INCURRED	NUMBER OF POLICIES ISSUED/ RENEWED		NUMBER OF CLOSED CLAIMS		NUMBER OF OPEN CLAIMS		PREMIUMS EARNED		INCURRED LOSSES		LOSS RATIO	
		Nation	State	Nation	State	Nation	State	Nation	State	Nation	State	Nation	State
Aetna Casualty and Surety Company	1980												
	1982	N/A	N/A	N/A	N/A	N/A	N/A	1,096,354	N/A	612,719	N/A	.56	N/A
	1984	N/A	N/A	N/A	N/A	N/A	N/A	1,026,756	N/A	881,377	N/A	.86	N/A
	1980-84	N/A	N/A	N/A	N/A	N/A	N/A	4,144,964	N/A	2,984,119	N/A	.72	N/A
American Economy Insurance Company	1980	118	0	8	0	0	0	21,500	79	6,637	0	.31	0
	1982	331	0	28	0	1	0	50,235	0	221,424	0	4.41	0
	1984	563	5	65	0	23	0	131,231	679	147,974	0	1.13	0
	1980-84	1,668	5	167	0	30	0	324,847	758	532,751	0	1.64	0
American Fire and Casualty Company	1980	0	0	0	0	0	0	0	0	0	0	0	0
	1982	50	0	0	0	0	0	0	0	0	0	0	0
	1984	71	0	0	0	0	0	0	0	0	0	0	0
	1980-84	N/A	N/A	N/A	N/A	N/A	N/A	192	N/A	0	0	0	0
American National Property and Casualty	1980	0	0	0	0	0	0	0	0	0	0	0	0
	1982	4	0	0	0	0	0	113	0	0	0	0	0
	1984	57	4	0	0	0	0	1,586	119	0	0	0	0
	1980-84	39	6	0	0	0	0	2,641	171	0	0	0	.06

NAME OF COMPANY	YEAR IN WHICH PREMIUM WAS EARNED AND LOSS INCURRED	NUMBER OF POLICIES ISSUED/ RENEWED		NUMBER OF CLOSED CLAIMS		NUMBER OF OPEN CLAIMS		PREMIUMS EARNED		INCURRED LOSSES		LOSS RATIO	
		Nation	State	Nation	State	Nation	State	Nation	State	Nation	State	Nation	State
American States Insurance Company	1980	1,319	20	89	1	1	0	29,407	2,252	110,320	601	.43	.27
	1982	1,453	36	127	4	2	0	264,652	8,736	139,064	877	.53	.10
	1984	1,772	38	116	0	23	1	331,869	11,343	306,646	5,000	.02	.44
	1980-84	7,484	154	550	7	40	1	1,401,664	38,900	1,030,618	7,651	.74	.20
Atlantic Mutual/ Centennial Insurance Company	1980	N/A	N/A	1	0	0	0	N/A	N/A	62	0	N/A	0
	1982	58	1	22	0	0	0	34,080	352	8,421	72	.25	.20
	1984	1,192	14	20	0	10	0	151,625	207	97,400	85	.64	.41
	1980-84	1,473	16	89	0	17	0	261,424	752	166,717	206	.64	.27
Church Mutual Insurance Company	1980	N/A	N/A	10	1	N/A	N/A	76,327	8,281	17,391	5,000	.23	.60
	1982	N/A	N/A	6	1	N/A	N/A	97,889	11,408	29,215	500	.30	.04
	1984	N/A	N/A	22	-1	N/A	N/A	145,430	10,475	62,113	-5,000	.43	0
	1980-84	N/A	N/A	61	2	N/A	N/A	517,794	51,551	198,916	1,019	.38	.02
Fidelity and Guaranty Insurance Company	1980	0	0	0	0	0	0	0	0	0	0	0	0
	1982	0	0	0	0	0	0	0	0	0	0	0	0
	1984	2	0	0	0	0	0	357	0	106	0	.30	0
	1980-84	2	0	0	0	0	0	357	0	106	0	.30	0
Fidelity and Guaranty Insurance Underwriters Inc.	1980	52	0	11	0	0	0	6,213	0	1,025	0	.16	0
	1982	168	0	14	0	0	0	22,743	0	7,167	0	.32	0
	1984	235	1	25	0	0	0	44,633	991	17,479	293	.39	.30
	1980-84	782	1	121	0	2	0	124,827	991	67,224	293	.54	.30

NAME OF COMPANY	YEAR IN WHICH PREMIUM WAS EARNED AND LOSS INCURRED	NUMBER OF POLICIES ISSUED/ RENEWED		NUMBER OF CLOSED CLAIMS		NUMBER OF OPEN CLAIMS		PREMIUMS EARNED		INCURRED LOSSES		LOSS RATIO	
		Nation	State	Nation	State	Nation	State	Nation	State	Nation	State	Nation	State
Fireman's Fund Insurance Companies	1980	N/A	N/A	N/A	N/A	N/A	N/A	95,399	N/A	3,608	N/A	.04	N/A
	1982	N/A	N/A	N/A	N/A	N/A	N/A	161,363	N/A	93,205	N/A	.58	N/A
	1984	N/A	N/A	N/A	N/A	N/A	N/A	188,895	N/A	1,581,913	N/A	8.37	N/A
	1980-84	N/A	N/A	N/A	N/A	N/A	N/A	747,597	N/A	2,022,061	N/A	2.70	N/A
Great American Insurance Company	1980	N/A	4	8	0	N/A	0	15,000	2,000	10,000	0	.67	0
	1982	N/A	5	29	0	N/A	0	40,000	0	149,000	0	3.73	0
	1984	N/A	5	14	0	N/A	0	75,000	0	275,000	0	3.67	0
	1980-84	N/A	23	104	0	N/A	0	256,000	3,000	432,000	0	1.69	0
Lodville Mutual Casualty Company	1980	30	0	1	0	0	0	3,000	0	912	0	.30	0
	1982	30	0	2	0	0	0	3,630	0	2,664	0	.73	0
	1984	30	0	2	0	0	0	4,992	0	3,533	0	.77	0
	1980-84	150	N/A	8	N/A	0	N/A	18,515	N/A	10,502	N/A	.57	N/A
Hartford Insurance Company	1980	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	1982	2,605	24	N/A	N/A	N/A	N/A	436,089	8,507	952,552	9,000	2.18	1.06
	1984	2,502	14	N/A	N/A	N/A	N/A	424,337	3,008	184,253	88	.43	.03
	1980-84	10,426	73	N/A	N/A	N/A	N/A	1,720,562	24,774	2,371,576	9,088	1.38	.37
Mission Insurance Company	1980	0	0	0	0	0	0	0	0	0	0	0	0
	1982	0	0	0	0	0	0	0	0	0	0	0	0
	1984	7,440	11	N/A	N/A	N/A	N/A	797,784	1,788	378,473	0	.47	0
	1980-84	9,788	17	N/A	N/A	N/A	N/A	1,051,003	2,846	436,494	0	.42	0

NAME OF COMPANY	YEAR IN WHICH PREMIUM WAS EARNED AND LOSS INCURRED	NUMBER OF POLICIES ISSUED/ RENEWED		NUMBER OF CLOSED CLAIMS		NUMBER OF OPEN CLAIMS		PREMIUMS EARNED		INCURRED LOSSES		LOSS RATIO	
		Nation	State	Nation	State	Nation	State	Nation	State	Nation	State	Nation	State
Northfield Insurance Company	1980	2	1	0	0	0	0	7,125	326	0	0	0	0
	1982	5	0	0	0	0	0	279	0	0	0	0	0
	1984	66	4	1	0	0	0	18,604	1,304	482	0	.03	0
	1980-84	78	5	1	0	0	0	27,776	1,630	482	0	.02	0
Ohio Casualty Insurance Company	1980	N/A	N/A	N/A	N/A	N/A	N/A	11,684	354	20,301	146	1.74	.41
	1982	N/A	N/A	N/A	N/A	N/A	N/A	14,770	650	2,297	0	.16	0
	1984	N/A	N/A	N/A	N/A	N/A	N/A	15,332	282	4,447	0	.29	0
	1980-84	N/A	N/A	N/A	N/A	N/A	N/A	72,781	1,897	58,873	146	.81	.08
Ohio Farmers Insurance Company	1980	190	9	24	2	0	0	20,787	714	19,081	4,000	.92	5.60
	1982	123	2	21	0	0	0	25,259	1,167	4,292	0	.17	0
	1984	242	6	15	0	9	0	29,847	1,715	44,408	0	1.49	0
	1980-84	810	21	94	2	10	0	126,824	5,966	93,575	4,000	.74	.67
St. Paul Group	1980	2,267	160	105	3	1	0	487,603	43,760	157,355	2,276	.32	.05
	1982	2,681	143	100	5	5	0	675,500	56,637	1,127,271	9,158	1.67	.16
	1984	1,365	56	76	2	59	10	628,706	52,981	1,045,685	94,181	1.66	1.78
	1980-84	11,407	632	529	23	101	17	2,473,543	263,111	4,273,541	197,839	1.73	.75
United States Fidelity and Guaranty Company	1980	519	0	42	0	1	0	78,101	0	54,663	0	.70	0
	1982	957	2	91	1	0	0	159,736	995	45,268	721	.28	.72
	1984	585	1	81	0	7	0	162,771	308	91,668	91	.56	.30
	1980-84	2,805	7	215	2	8	0	720,395	3,205	289,931	1,158	.40	.36

TABLE I

NAME OF COMPANY	INSURE ONLY CHURCHES		FAMILY ONLY ONE		PROPER CLAIMS PRIOR TO INSURANCE POLICY		DECREASE WRITING IN NEXT 3 YEARS		EXCLUSIONS SPECIFIED		UNDERWRITING STANDARDS COMPARED TO MN RULES		
	Church Related Only	No Distinction	H.O. Endorsement	Liability Policy (Children)	Yes	No	Yes	No	Yes	No	Less Stringent	As Stringent	More Stringent
Aetna Casualty & Surety Company		X	X (5)		Unknown		Unknown		X			X	
Agricultural Excess and Surplus Insurance Company		X			X		N/A	N/A		X		N/A	
American Economy Insurance Company		X		X	X		X			X		X	
American Family Mutual	X			X (3)		X		X	X			X	
American Fire and Casualty Company	"Limited Volume Country wide"												
American National Property and Casualty			X (3)			X	X		X			X	
Atlantic Mutual/ Centennial Insurance Companies	X					X	Only write incidental to church accounts			X		N/A	
Austin Mutual Insurance Company			X (4)			X	N/A	N/A					
Auto-Owners Insurance Company	X			X		X		X	X			X	

NAME OF COMPANY	INSURE DAY CARE CENTERS		FAMILY DAY CARE		PROPER CLAIMS MADE TO INSURANCE POLICY		DECREASE WRITING IN NEXT 3 YEARS		EXCLUSIONS SPECIFIED		UNDERWRITING STANDARDS COMPARED TO MN RULES		
	Church Related Only	No Distinction	H.O. Endorsement	Liability Policy (Children)	Yes	No	Yes	No	Yes	No	Less Stringent	As Stringent	More Stringent
Brotherhood Mutual Insurance Company	X				X			X	Only Church-related			N/A	
California Union Insurance Company		X		X	X		N/A	N/A	X			X	
Capitol Indemnity Corporation		X		X	X		N/A	N/A	X			X	
Church Mutual Insurance Company	X			X (3)		X	N/A	N/A		X		N/A	
Church Insurance Company (The)	X				N/A	N/A	N/A	N/A		X		N/A	
Constitution State Management Company		X			X		X		X			N/A	
Fidelity and Guaranty Insurance Company		X			X		N/A	N/A		X		N/A	
Fidelity and Guaranty Insurance Underwriters, Inc.		X			X		N/A	N/A		X		N/A	
Fireman's Fund		X		X (2-3)	X		X			X		X	
Great American Insurance Company	"We are not writing Day Care Centers" - did supply statistics.												

NAME OF COMPANY	INSURE ONLY ONE CHURCH		FAMILY ONLY ONE		PROPER CLAIMS MADE TO INSURANCE POLICY		DECREASE WRITING IN NEXT 3 YEARS		EXCLUSIONS SPECIFIED		UNDERWRITING STANDARDS COMPARED TO MN RULES		
	Church Related Only	No Distinction	H.O. Endorsement	Liability Policy (Children)	Yes	No	Yes	No	Yes	No	Less Stringent	As Stringent	More Stringent
Grinnell Mutual Reinsurance Company		X	"On a very limited basis, No new business."										
Goodville Mutual Casualty Company	X				X		X					X	
Hartford					Unknown		N/A	N/A		X		N/A	
Iowa Kemper		X			X		X			X			X
Lutheran Benevolent Insurance Exchange	X		X		N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Milbank Insurance Company						X	N/A	N/A	N/A	N/A		X	
Minnesota Mutual Fire and Casualty Company			X (1-2)		N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Mission Insurance Company		X		X	X		X			X		N/A	
North Star Mutual Insurance Company	Does not currently write, but provided statistics.												
			X (4)		X		N/A	N/A		X		X	

NAME OF COMPANY	INSURE DAY CARE CENTERS		FAMILY DAY CARE		PROPER CLAIMS PRIOR TO INSURANCE POLICY		INCREASE WRITING IN NEXT 3 YEARS		EXCLUSIONS SPECIFIED		UNDERWRITING STANDARDS COMPARED TO MN RULES		
	Church Related Only	No Distinction	H.O. Endorsement	Liability Policy (#Children)	Yes	No	Yes	No	Yes	No	Less Stringent	As Stringent	More Stringent
Northern Mutual Insurance Company			X (4)			X	N/A	N/A		X		N/A	
Northfield Insurance Company		X			X		N/A	N/A	X			X	
Ohio Casualty Insurance Company	"One or two policies written in Minnesota".	X			N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Ohio Farmers/ Westfield Insurance Company		X		X	X		N/A	N/A	N/A	N/A		N/A	
Preferred Risk Mutual Insurance Company	X					X	X		N/A	N/A		N/A	
St. Paul Group		X			X		N/A	N/A	X			N/A	
United Fire and Casualty Company			X (3)		Not Determined		N/A	N/A		X		X	
United States Fidelity and Guaranty Company		X		X	X		N/A	N/A	N/A	N/A		N/A	
Wausau Insurance Companies		X		X	X		N/A	N/A	N/A	N/A		N/A	

NAME OF COMPANY	INSURE DAY CARE CENTERS		FAMILY DAY CARE		PROPER CLAIMS MADE TO INSURANCE POLICY		DECREASE WRITING IN NEXT 3 YEARS		EXCLUSIONS SPECIFIED		UNDERWRITING STANDARDS COMPARED TO MN RULES		
	Church Related Only	No Distinction	H.O. Bill-ment	Liability Policy (Children)	Yes	No	Yes	No	Yes	No	Less Stringent	As Stringent	More Stringent
West American Insurance Company	"We are not writing any Day Care Centers." Did submit statistics												
Western World Insurance Company		X		X	X		N/A	N/A	X			N/A	

NAME OF COMPANY	YEAR IN WHICH PREMIUM WAS EARNED AND LOSS INCURRED	NUMBER OF POLICIES ISSUED/ RENEWED		NUMBER OF CLOSED CLAIMS		NUMBER OF OPEN CLAIMS		PREMIUMS EARNED		INCURRED LOSSES		LOSS RATIO	
		Nation	State	Nation	State	Nation	State	Nation	State	Nation	State	Nation	State
Mutual Insurance Companies	1980	11	0	0	0	0	0	5,612	0	0	0	0	0
	1982	16	0	1	0	0	0	4,052	0	461	0	.11	0
	1984	17	0	0	0	1	0	5,412	0	1,100	0	.20	0
	1980-84	74	0	2	0	2	0	25,390	0	3,416	0	.13	0
West American Insurance Company	1980	N/A	0	N/A	0	N/A	0	414	0	0	0	0	0
	1982	N/A	0	N/A	0	N/A	0	6,506	0	0	0	0	0
	1984	N/A	0	N/A	0	N/A	0	14,405	0	4,891	0	.34	0
	1980-84	N/A	0	N/A	0	N/A	0	33,118	0	5,023	0	.15	0
Western World Insurance Company	1980	N/A	N/A	N/A	N/A	N/A	N/A	282,000	N/A	116,000	N/A	.41	N/A
	1982	N/A	N/A	N/A	N/A	N/A	N/A	197,000	N/A	27,000	N/A	.14	N/A
	1984	N/A	N/A	N/A	N/A	N/A	N/A	300,000	N/A	147,000	N/A	.49	N/A
	1980-84	N/A	N/A	N/A	N/A	N/A	N/A	945,000	N/A	395,000	N/A	.42	N/A
GRAND TOTALS	1980-84	46,956	960	1,941	36	210	18	14,997,204	399,552	15,372,925	221,400	1.03	.55

Appendix B.
Child Care Food Program

CHILD CARE FOOD PROGRAM

The Child Care food Program is administered nationally by the United States Department of Agriculture and in Minnesota by the Minnesota Department of Education. The program provides reimbursement to child care centers and family day care home for meals served to enrolled children. The goal of the program as stated in Federal Regulation (7 CFR Part 226) is to ". . . initiate, maintain, and expand nonprofit food service programs for children in non-residential institutions which provide child care. The program is intended to enable child care institutions to integrate a nutritious food service with organized child care services for enrolled children." This program heavily depends on our state system of licensing to ensure organized child care services are being provided. The issue of communication of data related to licensing of family day care homes by the Minnesota Department of Human Services to the Minnesota Department of Education is of concern.

In Minnesota, during March of 1986, 6,583 family day care homes and 308 child care centers served meals to enrolled children that were reimbursed through the Child Care Food Program. A total of over 25,000,000 meals are projected to be served to children, with over $18,000000 of reimbursement through the Child Care Food Program projected for the current year. This compares to past years as follows:

March 1985 6,265 family day care homes
308 child care centers
24,446,007 meals (breakfasts, lunches, suppers, and snacks) were served to children in Minnesota during state fiscal year 1985.

$17,910,473 was provided in reimbursement for meals and administrative costs through the Child Care Food Program during the same year.

March 1984 5,851 family day care homes
271 child care centers
23,284,599 meals were served to children during state fiscal year 1984.
$14,353,464 was reimbursed through the Child Care Food Program.

March 1983 5,590 family day care homes
331 child care centers
19,782,307 meals were served to children during state fiscal year 1983.
$13.128,307 was reimbursed through the Child Care Food Program.

March 1982 5,411 family day care homes
428 child care centers
21,392,178 meals were served to children during state fiscal year 1982.
$12,716,465 was reimbursed through the Child Care Food Program.

March 1981 5,592 family day care homes
429 child care centers
25,132.025 meals were served to children during state fiscal year 1981.
$14,775,746 was reimbursed through the Child Care Food Program.

March 1980 4,321 family day care homes
392 child care centers
14,179,31 meals were served to children during state fiscal year 1980.
$6,548,713 was reimbursed through the Child Care Food Program.

The delivery of Child Care Food Program benefits to children in family day care homes is though non-profit sponsoring organizations (local administrative units). There are 12 such sponsoring organizations in Minnesota. Application for participation in the Child Care Food Program is made on behalf of family day care homes through these sponsoring organizations to the Minnesota Department of Education. Approval is granted by the Minnesota Department of Education upon verification of licensure as family day care providers by the Minnesota Department of Human Services.

COMMUNICATION SYSTEMS

Because the regulations require the involvement of many different agencies, it is critical that the communication of license status occur as quickly as possible, first by the county licensing worker to the Minnesota Department of Human Services and then by the Minnesota Department of Human Services to the Minnesota Department of Education. The communication system is not working well at present. One difficulty the Minnesota department of Education is dealing with is the imposition of a ruling by the United States Department of Agriculture that approval of family day care homes' participation in the Child Care Food Program is effective the date the Minnesota Department of Education approves the family day care home Child Care Food Program application.

In the past, approval was retroactive to the effective date of the license to provide child care, which meant that providers could receive reimbursement from that time. A computer tape of new entries to the family day care home licensing data base was provided monthly to the Minnesota Department of Education by the Minnesota Department of Human Services, Licensing Division. This tape usually was received near the end of the month, and it identified which licenses had been approved effective the first of the month in which the tape was received, or the first of the previous month. The new ruling by the United States Department of Agriculture now prohibits the Minnesota Department of Education from approving Child Care Food Program participation by family day care homes until the licensing information is communicated to the Minnesota Department of Education.

Currently, staff of the two departments are exploring ways to speed up communication of license data from one department to the other. One possibility would be to create a linkage through the new computer system currently being implemented at the Department of Human Services.

Communication between the county and the Minnesota Department of Human Services is another issue the Minnesota Department of Human Services must address. An option to give the counties authority to license family day care homes (because the responsibility of licensure is now placed with them) had frequently been discussed. No recommendation in this regard is suggested by the Minnesota Department of Education.

UNEQUAL BENEFITS

The current disparity in Child Care Food Program funding levels between family day care homes and child care centers is an issue. Child care centers receive reimbursement based on the family size and income levels of the families of children enrolled. Family day care homes receive a flat rate per meal served to enrolled children. A supplemental reimbursement from the state to child care centers for meals served to enrolled children could remedy this problem. At the present time, public or private schools participating in the National School Lunch Program receive 7.5¢ in state reimbursement for lunches served to children whose meals are not eligible for a significant federal subsidy because they do not come from households that meet family size and income qualifications.

Such a subsidy would encourage participation in the Child Care Food Program by centers who do not now participate in it. It would cost approximately $300,000 per year based on current Chilc Care Food Program participation levels and a rate of 25¢ per lunch or supper. (1,600,000 lunches and suppers per year are being served in Child Care Food Program child care centers in Minnesota.)

TRAINING

Training in areas related to Child Care Food Program participation is required by federal regulations. Training has been emphasized in Minnesota by the Minnesota Department of Education since the Child Care Food Program was established in 1966 and especially since family day care homes were included as participants in 1978. A recent study of the training provided by family day care home sponsoring organization indicates the training is well received and should continue. (A copy of the evaluation is enclosed for reference.) The need to upgrade the training opportunities for family day care providers should be a priority.

The Child Care Food Program training provided by sponsoring organizations may be all the child-care-related training available to family day care providers in many counties in Minnesota.

But how can these be extended to include other educational needs besides nutrition? The option of state funds for training about child care needs to be discussed.

Appendix C.
Fire Safety in Daycare

FIRE SAFETY IN DAY-CARE

A REPORT TO THE MINNESOTA CHILD CARE TASK FORCE

SUBMITTED BY:
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STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY

To: Dennis DeMers, Chairperson
Child Care Task Force

From: Richard P. Larson Richard P. Larson
Acting State Fire Marshal

On behalf of the Minnesota State Fire Marshal Division, I respectfully submit to you the following report.

In the Child Care Services Act, the Minnesota Legislature specified that child care standards and regulatory methods facilitate the availability of "... safe, affordable, quality child care throughout the state." The attached report addresses the fire safety aspect of that mandate.

I have attempted to be as brief as possible and still provide the task force with adequate information to understand the important issues relating to fire safety in day-care homes.

I pledge to you and the Task Force the full cooperation of the State Fire Marshal Division in providing necessary input and information. If you have any questions or concerns, please do not hesitate to contact me.

AN EQUAL OPPORTUNITY EMPLOYER

FIRE CODES AND HOME DAY-CARE --- A SHORT HISTORY

The Minnesota State Fire Marshal Division has been inspecting day-care homes since 1975. It was in October of that year that the first statewide fire code, called the Minnesota Uniform Fire Code (MUFC), was adopted. This code was intended to be the minimum code enforced throughout the state. Understanding the many varied levels of fire protection available in Minnesota, M.S. 299F.011, Subd. 4 authorized local jurisdictions to adopt codes which were, "... equal to, in addition to, or more stringent than..." the requirements of the MUFC. In fact, a number of local fire departments were inspecting day-care homes even before the adoption of a statewide code.

National Fire Protection Association (NFPA) Standard No. 101 was adopted by reference as part of the MUFC. It is from this Standard, commonly called the Life Safety Code, that most day-care requirements are taken.

Initial Fire Code requirements for home day-care were much more stringent than they are today. Basic requirements included: (1) staffing ratios of one adult to six children, (2) two exits from each level used for day-care, and (3) separation of floors both above and below the street floor. In other words, scenarios like the following were common. Only providers having walk-out basements were permitted to use their basements for day-care purposes. Providers using the second level of their homes were required to provide outside stairways leading directly from the second floor to ground level. Providers in homes having two stories plus a basement were required to provide fire separation doors between both the first floor and basement and first floor and the second floor. While the requirements were very stringent, it was common for counties to provide grant monies to assist providers in complying with the Fire Code.

In May of 1984, the Legislature amended M.S. 299F.011 by adding a Subdivision 4a. This legislation, in effect, prohibited the State Fire Marshal from specifying staffing ratios, requiring walk-out basements and requiring outside stairways from second floor. Other code changes eliminated the fire separation door between first and second floor.

A BRIEF DISCUSSION ABOUT FIRE

It takes just three common things to make a fire burn - heat, fuel and oxygen. In other words, we need an ignition source, something that will burn and air. There are a myriad of ignition sources - matches, electricity, furnaces, etc. Almost everything will burn, including our homes, furnishings and clothing. Obviously, air is everywhere.

Normally, unchecked fires progress through various phases. These include a smoldering/incipient phase, a free-burning phase and a flashover phase. Depending on the source of ignition, a fire may smolder for extended periods of time. For example, in tests conducted by the National Bureau of Standards simulating a fire ignited by a cigarette in an upholstered chair[1], smoldering occurred for up to 19 minutes. During this phase, as well as the others, dense amounts of smoke and toxic gases may be produced. It is estimated that 70 to 80 percent of fire deaths are caused not by burns but by smoke inhalation[2].

Toxic gases given off in common home fires inlcude carbon monoxide, sulfur dioxide, ammonia, hydrogen cyanide and nitrogen oxides. When the fires reached flashover stage in the tests mentioned above, carbon monoxide levels reached 70,000 ppm, oxygen concentrations dropped to less than 1 percent and hydrogen cyanide exceeded 1,000 ppm. One breath in this atmosphere would be incapacitating. To put them in

perspective, consider the fact that a 10-minute exposure to a concentration of 6,000 to 9,000 ppm of carbon monoxide or 350 to 400 ppm of hydrogen cyanide can kill[3]. Human life ceases when the oxygen level in the air drops to below 12%.

During the free-burning phase, oxygen is drawn into the fire as heat, smoke and toxic gases rise to the highest accessible level in the structure. Once the smoke and heated gases reach the top, they begin to spread out in downward layering fashion and force the cooler, fresh air to the lower levels. Unchecked and given an adequate supply of oxygen, fire will rapidly progress to the flashover phase.

The flashover phase occurs when everything in the room reaches ignition temperature. This is where interior finish (e.g. paneling, carpeting, etc.) contributes to fire spread. While progressing through the various stages, fire can cause the temperature in a room to rise rapidly. In fact, flashover can occur within six to seven minutes of first flame. Temperatures at flashover can reach up to 1,400 degrees F. or greater.

Attachment Number 1 at the end of this report illustrates the various phases of a fire The State Fire Marshal Division also has an excellent film, called "Firepower", which shows the progression of a fire through these phases. We would be most happy to conduct a showing of this film for the Task Force if the members feel it would be helpful in understanding the phenomenon of fire.

FIRE IN MINNESOTA'S HOMES

The State Fire Marshal Division collects statistical information on fires occurring throughout the state through what is called the Minnesota Fire Incident Reporting System (MFIRS). We have been asked by legislators and providers alike to provide statistics on the number of fires in day-care homes. This we have been unable to do because of the lack of sophistication of the reporting system. All home fires are reported to MFIRS as single family dwelling fires, whether they are used for day-care or not. In other words, since most day-care is provided in homes, any fires that occur there are reported as residential fires instead of day-care fires. Therefore, I'll give you the next best thing - statistical data on single family dwelling fires in Minnesota.

Year after year, single family dwellings account for the majority of the fires, injuries, deaths and dollar loss reported through MFIRS. Let me share with you statistics from the past three years:

Year	# of dwelling fires	# of injuries	# of deaths	dollar loss
1983	4,996	249	61	$35,959,994
1984	4,386	218	51	$36,733,878
1985	5,213	259	35	$42,498,839

As you can see, if the number of fires were averaged out over the year, there are approximately 12 single family dwelling fires each day in Minnesota. According to NFPA studies on a national level, households can expect to average three unwanted home fires per decade[4]. Most of these will be small fires involving little or no damage and will not be reported to fire departments. More than half will be cooking fires

CHILDREN AND FIRE

When told that MFIRS will not provide statistics on the number of fires occurring in day-care homes, the next question asked is how many fires occur during the day in single family dwellings. Again, MFIRS is not sophisticated enough to provide us with that information. The State Fire Marshal Division has, however, collected statistics over the past three years regarding daytime fires resulting in death to children up to 10 years of age. Fires occurring in apartments and mobile homes were included in these statistics. Only fires occurring between 6:00 a.m. and 7:00 p.m. were counted. We obtained the following information:

Year	No. of child fire deaths; ages 0 - 10 years
1983	11
1984	4
1985	7

Attachment Number 2 provides more detailed information regarding these deaths. As you will note, almost half of these children died in fires which they caused themselves.

Children are curious. Obviously, this curiosity is natural, healthy and to be encouraged ... that's how they learn. They learn about fire from watching and imitating adults. Children, however, have an undeveloped ability to understand the consequences of fire[5]. The number of fatal fires they set suggests that the very young are good imitators of the adults in their lives, but are too young to understand or handle the consequences of their behavior. As a result, fire can quickly get out of hand when children are playing. In addition, fire is no longer an ordinary part of our daily lives as it was even a generation ago, so children do not understand the 'rules' about fire . Then there are the children who intentionally set fires in anger or to get attention.

It is common for children to hide or act irrationally during a fire. It is estimated that nationally children make up 22% of the total population but they account for 59% of the fire deaths.

FIRE SAFETY CONCERNS IN HOME DAY-CARE

The State Fire Marshal has the following major fire safety concerns in home day-care:

1. ADEQUATE EARLY WARNING

Smoke detectors have proven to be invaluable in saving lives. An analysis done at the National Bureau of Standards shows that smoke detectors are capable of saving 52% of those who die in home fires[6]. That means that a person who has a home fire and does not have a detector is twice as likely to die in that fire as another person who suffers the same fire but is protected by detectors. Even in daytime fires. smoke detectors gave the first notice of fire in 34% of the fires looked at in a study conducted by the International Association of Fire Chiefs[7].

2. PROVISIONS FOR ADEQUATE TIME TO ESCAPE

Single family dwellings are not designed to withstand fire. If they were, they would look like schools and office buildings and no one could afford them. As a result, there is really only one safe place when a person's home is on fire - outside.

Smoke detectors are designed to buy about three minutes of evacuation time. Obviously, the amount of early warning depends upon the type of fire, location of detector(s), location of the fire, building configuration, and many other factors. In many cases, three minutes is an insuffucient amount of time within which to completely evacuate a day-care home, especially with the greater numbers of children now permitted. Thus, fire separations, like those between the main floor and basement and the house and attached garage, are important factors in buying additional time for escape.

3. PROPER MEANS OF ESCAPE

Because of the unpredictability of fire and its spread, it is extremely important to have at least two means of escape from each room used for day-care purposes. While we try to buy time with smoke detectors and fire separation doors, they are not 100% effective. One of the main reasons is because they need people to maintain them. For example, studies of fires in which smoke detectors were present during a fire but failed to operate showed that oftentimes the detectors were improperly installed or not properly maintained (e.g. dead batteries were not replaced). In a 1982 study, only 40% of homeowners questioned reported that they tested their smoke detectors monthly[8]. In the area of fire codes at least, attempts at legislating human behavior have proven ineffective. We must work harder to educate people about the importance of maintaining fire protection systems.

It is estimated that 80% of the people who die in fires are dead by the time the fire department arrives. This statistic serves to emphasize the importance of adequate second means of escape. This is especially important in Minnesota where many people in the state are located miles away from their local fire department, which may be staffed by volunteers.

4. ADEQUATE SUPERVISION OF CHILDREN

"We know more about the number of matches sold than about the number of children across the country who die in fires while alone at home." This statement appeared in the 1984 Democratic National Platform.

Of the total number of children who were killed in fires in the United States between 1978 and 1983, 38% died in fires that occurred between 8:00 a.m. and 4:00 p.m. These statistics strongly suggest that many of the children were unattended or unsupervised at the time of their deaths[9]. The reasons the children were unsupervised fell into several categories, including parents or babysitters napping and parents or babysitters in another part of the home.

Seven fires resulting in 9 of the 11 deaths that occurred in Minnesota in 1983 were investigated by State Fire Marshal Fire/Arson Investigators. These investigations revealed the following adult to child ratios in the dwellings at the time of the fatal fires (1 parent - 1 child; 1 child died), (1 parent - 2 children; 2 children died), (1 parent - 2 children; 2 children died), (2 parents - 3 children; 1 child died), (2 parents - 2 children

unattended on second floor, both children died), and (1babysitter - 4 children, 1 child died).

We must ask ourselves if current staff ratios allow for adequate supervision of the children in care

5. FIRE DRILLS

With all the things that can go wrong in a fire, it is extremely important that providers take proper action when fire occurs. They must know what to do, when to do it and how to do it. Providers must be properly trained in evacuation procedures and must practice these procedures continually through their monthly fire drills.

It is interesting to note that although smoke detectors have proven effective in cutting the risk of death in a fire by about half, an analysis using 1981 NFIRS data indicates that they reduced the risk of injury by only five percent[10]. One fear is that detectors may reveal the fire at such an early stage that the occupant is encouraged to fight it instead of promptly evacuating. In the end, if the fire cannot be extinguished, vital time has been wasted that could have been used for evacuation.

STATE FIRE MARSHAL RECOMMENDATIONS

It is recommended that:

1. All Family and Group Day-Care Homes comply with the current fire safety requirements of the MUFC as found in Chapters 10, 11 and 22 of the Life Safety Code (as amended by Minnesota Statute).

2. Day-care homes licensed for more than 10 children in jurisdictions enforcing the State Building Code comply with the Minnesota State Building Code requirements for E-3 Occupancies.

3. Specific fire safety requirements be removed from the DHS Day-Care Rule. These requirements should be enforced by an expert who can fairly treat each provider and his/her home on a one-on-one basis, specifying equivalent fire safety measures where appropriate instead of enforcing the strict letter of the code. The fire safety requirements in DHS Rule unfairly make fire marshals out of county licensors, who, for the most part, are not adequately trained to perform this function. Fire safety checklists could be developed to assist county licensors in determining when an inspection by a fire marshal may be required (in addition to those situations in which an inspection is required by current DHS Rule). I believe this would be the fairest way to handle fire safety for both the providers and licensors.

4. The Task Force look into a two-tiered system of day-care licenses (i.e. homes and centers) instead of the present three-tiered system. This would assist in moving toward more consistency between rules and codes (i e. DHS Rule, Building Code and Fire Code.)

5. The Task Force look at requesting grant monies or low interest loans to assist providers in complying with safety requirements

6. A continuing fire safety training program be developed and maintained for both providers and licensors. In the end, this is the only way we are really going to make any inroads in the fire problem and make day-care "safe" in Minnesota.

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[1]Barbara C. Levin et al., Further Development of a Test Method for the Assessment of the Acute Inhalation Toxicity of Combustion Products. National Bureau of Standards, NBSIR 82-2532, June, 1982.

[2]W.G. Berl and B.M. Holpin, Human Fatalities from Unwanted Fires, National Bureau of Standards, NBS-GCR-79-168, December, 1978.

[3]Fire Protection Handbook, Fifteenth Edition (Boston: NFPA, 1981), Section 3, Chapter 3.

[4]1984 National Sample Survey of Unreported Residential Fires, Final Technical Report to U.S. Consumer Product Safety Commission (Princeton, New Jersey: Audits & Surveys, Inc., June, 1985).

[5]Jennifer Obst, "Juvenile Firesetting ... Normal Curiosity or Criminal Behavior?", Minnesota Fire Chief, May/June, 1985, p. 25.

[6]Report to Congress on Fire Protection Systems: Detectors, Remote Alarm Systems, and Sprinklers, p. 9; John R. Hall, Jr., "Fire Risk Assessment Modelling at NBS"; unpublished NFPA analysis of 1982 data from the National Fire Incident Reporting System, prepared for the Federal Emergency Management Agency.

[7]Report to Congress on Fire Protection Systems: Detectors, Remote Alarm Systems, and Sprinklers, p.9.

[8]Aerospace Corporation, Survey and Analysis of Occupant-Installable Smoke Detectors; Elrick and Lavidge, Inc., A Detector in Every Other Home: Results of a Survey of Smoke and Fire Detector Owners: Full Report: Residential Smoke and Fire Detector Coverage in the United States: Findings from a 1982 Survey, PB 83-118885.

[9]Michael J. Karter, Jr., "Patterns of Civilian Fire Casualties in Home Fires by Age and Sex".

[10]John R. Hall, Jr., "Fire Risk Assessment Modelling at NBS".

ATTACHMENTS

The following attachments are included for your review:

1. An illustration of the various phases of fire. As indicated in the text, the State Fire Marshal Division has an excellent film which demonstrates these phases in a real-life burn scenario.

2. Child fire deaths in Minnesota from 1983 through 1985.

3. Newspaper account of a fire in a day-care home in Baltimore, Maryland.

4. Newspaper account of three children who died in a mid-afternoon fire in a north Minneapolis, Minnesota, duplex.

5. Newspaper account of a child who was injured when left behind in a fire in a day-care center in Jacksonville, Florida.

6. Newspaper account of a child who died of burns and a heart attack after he fell into a bathtub of hot water in the family home in Medford, Minnesota. Included to point out the importance of proper supervision of the children in care.

7. Newspaper account of a single family dwelling fire in Proctor, Minnesota. Included to point out the types of human reactions that may occur during a fire and to point out the importance of proper training and fire drills.

STAGES OF FIRE

Every firefighter must fully understand each stage associated with the development of a fire. This knowledge is vital so that proper extinguishing and ventilation techniques may be employed and for the personal safety of the personnel involved in combatting a blaze. All fires begin at the incipient level and can progress through the free-burning stage. At this point the next phase is dependent upon a continuing oxygen supply; with oxygen the fire will progress to the flashover stage or with a reduced oxygen level the fire will reduce to a smoldering stage which can ultimately develop into a backdraft condition.

INCIPIENT PHASE

During the first stage, fire within a building will normally be free-burning because of an available supply of oxygen and will produce carbon dioxide, water vapor, a small amount of sulphur dioxide and carbon monoxide. Heat will be at a flame temperature of 1200 degrees plus; however, the room temperature may be only slightly above 100°F (see Figure 4).

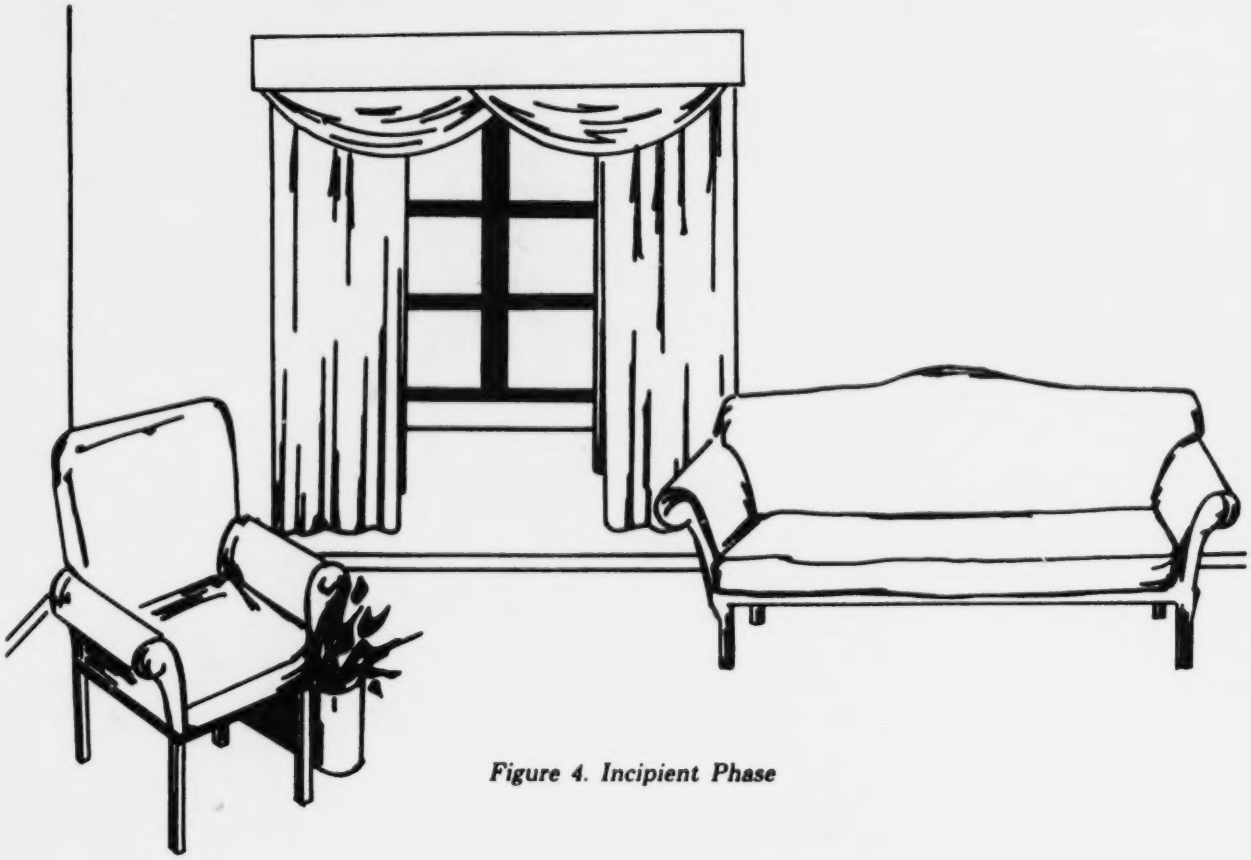

Figure 4. Incipient Phase

FREE-BURNING PHASE

During the second stage the oxygen is drawn into the fire as the heated gases rise and carry the heat to the highest level of the confined area. Once the heated gases reach the top, they begin to spread out in downward layering fashion and force the cooler air to seek lower levels. As this layering action continues, the superheated gases which can exceed 1300 degrees will ignite any combustibles. The stage to which the fire will progress is dependent upon the quantity of available oxygen — either flashover or back draft (see Figure 5).

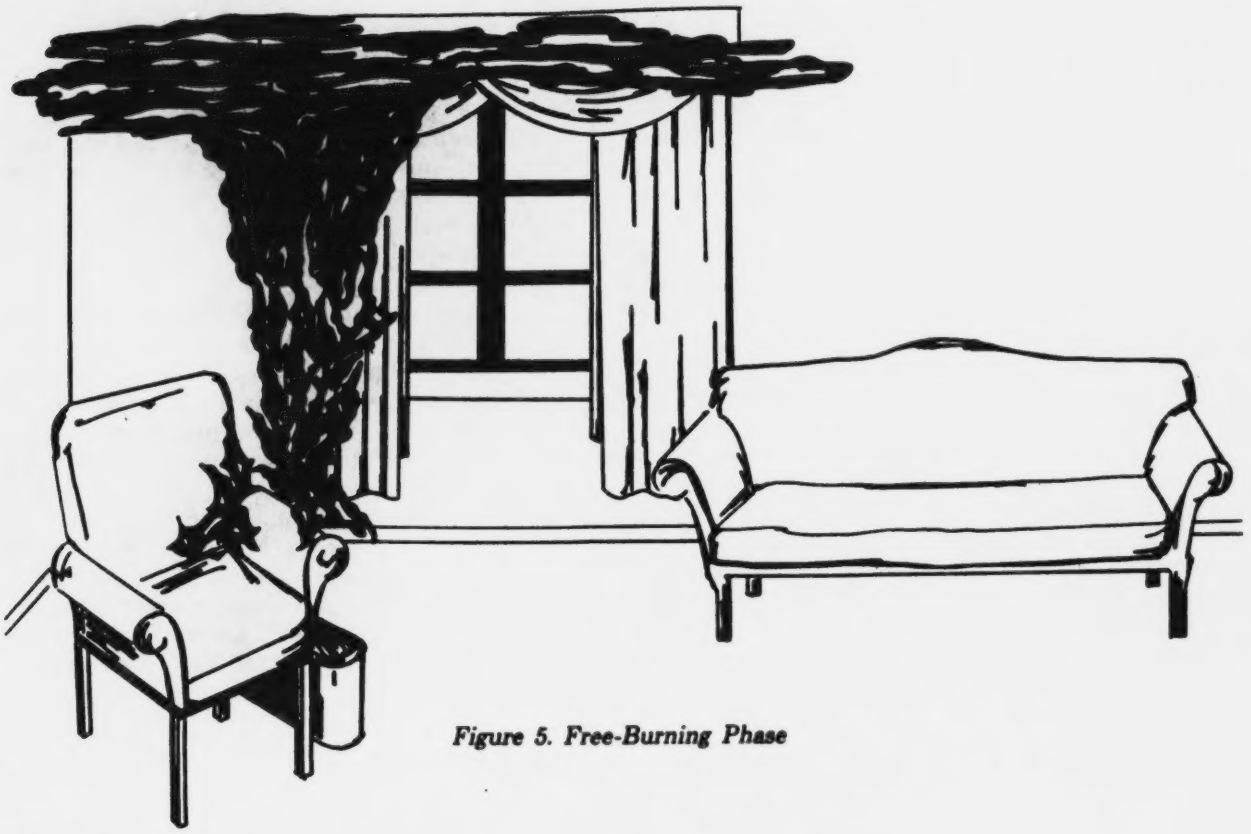

Figure 5. Free-Burning Phase

SMOLDERING STAGE

During the smoldering stage, fire is barely visible, oxygen supply is reduced to 15%, and smoke is dense. More carbon monoxide and combustible gases are being produced, and room temperature is rising in many instances to over 1000° (see Figure 6).

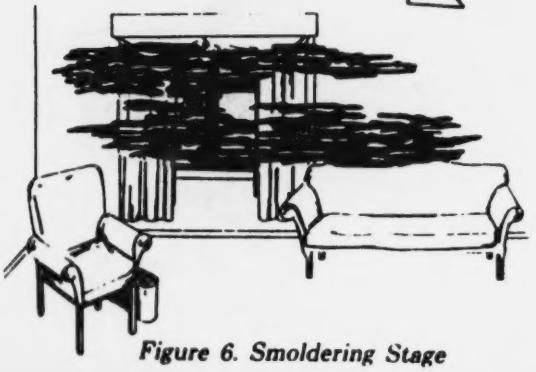

Figure 6. Smoldering Stage

FLASHOVER PHASE

All combustibles are involved and extending throughout the building with involvement of the structure members (see Figure 7).

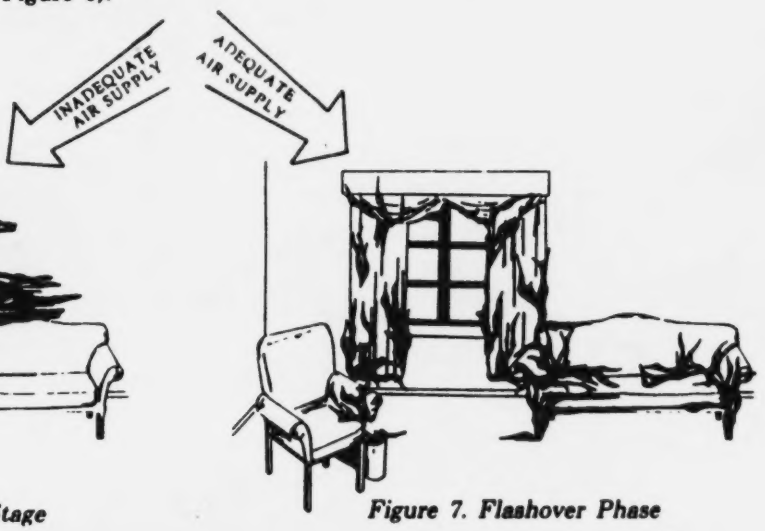

Figure 7. Flashover Phase

BACKDRAFT STAGE

The fire conditions are high concentrations of flammable gases and heat; the only element missing is oxygen (see Figure 8).

The fourth stage exhibits the following characteristics: oxygen supply reduced to 13%, no flame, room temperature in excess of 1200°, dense smoke and more carbon monoxide. Intense heat will have caused combustibles in the room to vaporize and give off fuel gases adding to the hazard. At this point, a building contains combustible fuels and toxic gases at temperatures in excess of most ignition temperatures. The only factor missing is a sufficient supply of oxygen. Gases, when heated, will expand and rise. If the building is opened at a lower level allowing a supply of oxygen to enter and mix with the superheated vapors including carbon monoxide, an explosion will occur.

In this situation, two avenues of action can be followed, and good judgment has to be used in either approach. As long as the building is not opened, the fire will be contained, unless the pressure buildup is too great resulting in a pressure explosion (blowing out windows, etc.). Do not open any part of the building until ample hose lines have been laid to points of entrance. The building can be opened at the highest level (roof, over stairway, etc.), allowing heated gases and smoke to escape to the outside, thus disposing of a large amount of fuel and toxic gases. Two combustion factors will be removed by this action: fuel and heat. Firefighters may enter at the lower levels and extinguish the fire without fear of an explosion caused by the admission of a new supply of oxygen.

Firefighters may use a second approach depending upon the area of the building involved. If, for example, two or three rooms on the first floor of a building are involved, and the fire is contained and in the fourth stage, fog streams may be used in the following manner: hoselines must be charged and the fog pattern adjusted so the water can be applied through a window or door. The firefighter should stand back 15 or 20 feet and break open a door or a window with a pike pole. Water should be applied immediately. When the building is opened, the application of water will absorb the heat before a new supply of oxygen is admitted and eliminate the

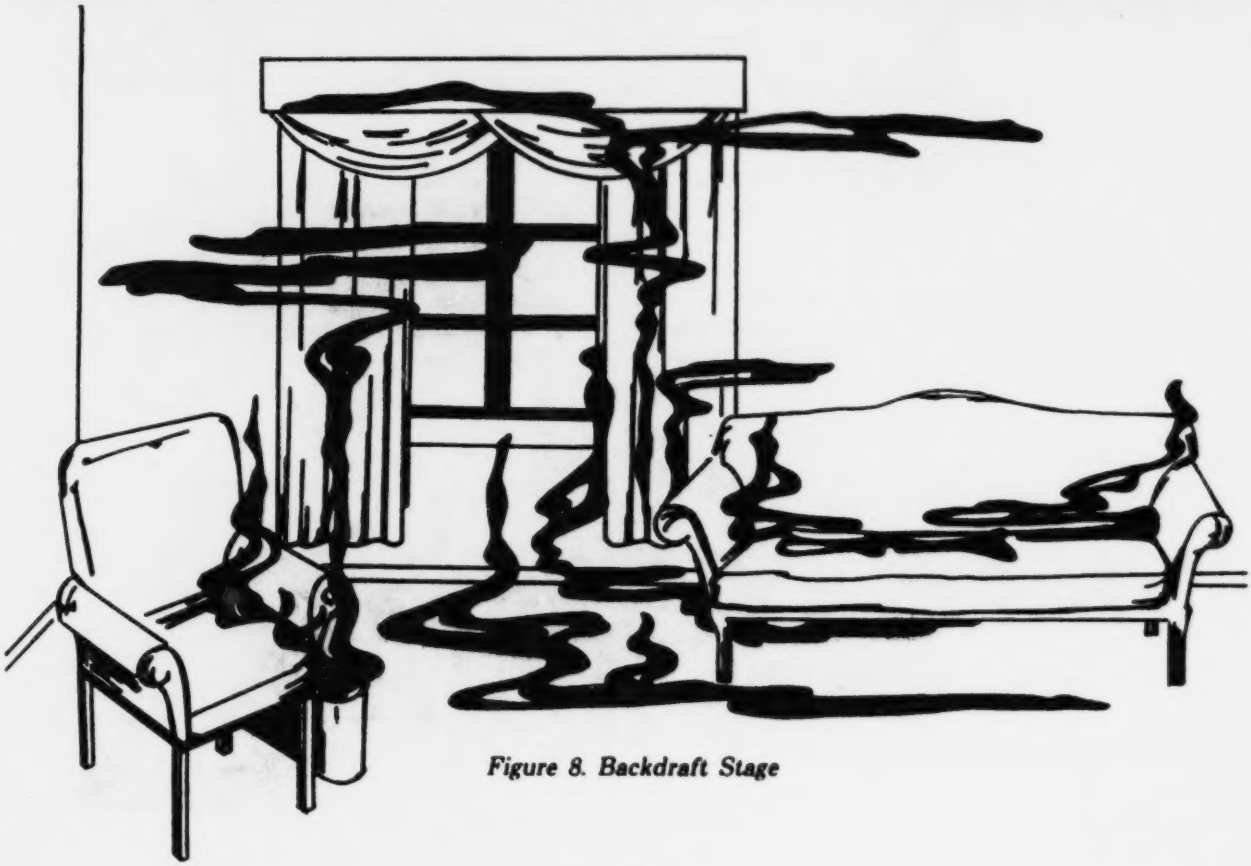

Figure 8. Backdraft Stage

explosion hazard. The pressure increase created by the conversion of the water will ventilate the building.

Carbon monoxide, a highly explosive gas, has an ignition temperature of 1204° and a wide explosive range of 12.5 to 72%. A mixture of carbon monoxide does not require much additional oxygen to ignite or explode.

Several warning signs may indicate a possible backdraft condition. One indication is smoke under pressure, many times leaving the upper areas of the structure in puffs. When an opening is made at a lower level, sudden rapid inward movement of smoke or air may be observed. This black smoke may become dense and gray-yellow. The windows will become heavily smoke stained and there will be little or no visible flame. Personnel within the structure may encounter a confined feeling while experiencing excessive heat conditions. Hearing levels may be reduced to muffled sounds.

PRODUCTS OF COMBUSTION

When a substance burns, there are four products of combustion: heat, flame, flammable gases and smoke. As this substance is burning, a chemical change occurs. While all of the elements are being transformed into another form or state during the combustion cycle, none are destroyed in the process.

Flame is the visible, luminous body of a burning gas and is considered to be a product of combustion. The other products can develop without visible flame, such as a smoldering fire situation. Heat is the form of energy produced as a result of combustion. The method to determine the intensity is measured in degrees of temperature. Smoke is always the result of incomplete combustion. When compounds such as coal, wood, fats, and petroleum burn, the heat of the fire expels hydrogen and oxygen along with carbon, and these burn as gases. As they burn, they do not meet with sufficient oxygen, and also, they are cooled. The hydrogen in these gaseous combinations burns more quickly than the other gases; therefore, some unburned carbon is liberated as soot and carbon monoxide. This is called smoke.

TRANSFER OF HEAT

There are three methods through which heat can be transferred: convection, conduction, and radiation.

CONDUCTION

Conduction is the process of heat transmission within a solid material or from one material to another with which there is direct contact. To illustrate: If a ¼-inch iron rod is held in a flame, the other end of the rod will, within a very short time, become too hot to hold in the hand. For this same reason, it is possible for a fire to extend to the opposite side of a brick wall by conduction of heat from the original fire. Steel I beams, iron doors, and other metal materials will at times allow fires to extend to other areas through conduction of heat which ignites combustible materials in these areas. The possibility of fires extending by conduction is the principle reason why building codes require open air space between heating devices and combustible materials.

RADIATION

Heat radiation is the transmission of heat from one material to another by heat waves or rays. The heat waves travel through space in a straight line away from the heat-producing object. The most common example of this type of heat is that produced by the sun. These heat waves are constantly passing into space as radiant energy. This radiant energy becomes heat only when it is absorbed by material which it strikes. These heat waves or rays, which are produced by hot objects, are generally referred to as radiant heat.

Not all materials equally absorb radiant heat. Some, because of their condition, reflect this heat. A light colored material will reflect radiant heat, while a dark color will absorb it. The most common source of radiant heat is the sun. While exposed to the direct rays from the sun, an object will receive the full strength of its radiant heat. If it is placed in the shade, it will be shielded, and whatever object

RESIDENTIAL FIRE DEATHS 1983 - 1985

Ages 0 - 10 0600 - 1900 Hours

DATE	TIME	LOCATION	TYPE OCCUPANCY	AGE	CAUSE
01/11/83	0850 hours	No. Mankato	Mobile Home	22 mo.	Children playing w/matches
01/27/83	1105 hours	Minneapolis	1 Family Dwelling	17 mo.	Child playing w/cig. lighter
03/05/83	0800 hours	Waseca	1 Family Dwelling	6 yr.	Careless smoking
05/26/83	1845 hours	St. James	1 Family Dwelling	22 mo.	Child playing w/gasoline can
09/17/83	0833 hours	Mantorville	Mobile Home	19 mo. 34 mo.	Children playing w/matches
10/13/83	1144 hours	Canton	1 Family Dwelling	3 yr. 4 yr.	Children playing w/matches
11/20/83	1006 hours	Rochester	Duplex	5 yr.	Careless smoking
12/19/83	1111 hours	St. Paul	Apartments	2 yr.	Possible electrical
12/20/83	1045 hours	St. Peter	Mobile Home	2 yr.	Possible wood-burning unit
02/09/84	1500 hours	Menahga	1 Family Dwelling	22 mo. 3 yr.	Wood stove
02/11/84	0730 hours	Detroit Lakes	Mobile Home	32 mo.	Electrical short in television
07/06/84	1845 hours	Bagley	1 Family Dwelling	2 yr.	Incendiary
01/02/85	1611 hours	Chaska	Mobile Home	9 yr.	Curling iron left on
02/19/85	1200 hours	Rollag	1 Family Dwelling	3½ yr.	Kerosene heater
02/20/85	0819 hours	Lake Park	1 Family Dwelling	5 yr.	Wood heater
11/10/85	0956 hours	Mankato	Mobile Home	3 yr. 2 yr. 1 yr.	Children playing w/matches
12/08/85	1530 hours	Vernon Center	Mobile Home	5 mo.	LP-Gas explosion

NOTE: The second victim reported in this story died the following day.

BALTIMORE, MARYLAND THE SUN THURSDAY APRIL 4, 1985

Fire kills girl at Hillendale day-care site

By Amy Goldstein
Baltimore County Bureau of The Sun

A 2½-year-old girl was killed and a 10-month-old boy was critically injured in a fire yesterday morning inside a Hillendale day-care home as the woman who ran the facility was getting ready for an Easter party.

It apparently was the first blaze at a day-care center in Maryland, according to state social services officials.

Six other children — ranging in age from four months to three years — were in the brick row house, in the 1300 block Deanwood road, when the fire broke out. They spent last night at University Hospital under observation for smoke inhalation.

Robin Edwards, 34, who is the day-care mother, was listed in serious but stable condition last night in the hospital's shock-trauma unit. She had first-degree burns on her face and neck and had inhaled smoke.

Mrs. Edwards has taken care of children in her home for nearly a decade.

The facility is properly registered with the Baltimore County Department of Social Services, records show. However, state and county officials were troubled yesterday to learn about how many children she was baby-sitting and how old they were.

Mrs. Edwards, they said, was violating two state rules governing day care in private homes. She was taking care of eight children — two more than the permitted number.

In addition, police records

See FIRE, 12A, Col. 1

Girl, 2, killed, boy critically hurt in blaze at day-care home

FIRE, from 1A

showed that five of those children were less than two years old.

Under state rules, no more than two children may be that young.

"We are very, very concerned this situation existed," said Wanda Dobson, a spokeswoman for the Maryland Department of Human Resources.

The fire occurred 11 months after the county received a complaint that Mrs. Edwards was caring for too many children, Mrs. Dobson said. But investigators, who paid a surprise visit to the home, found only four children there, she said, and the matter was dropped.

Despite such concerns, neighbors of Mrs. Edwards and the parents of the children she was taking care of praised her yesterday as loving and capable.

"She cared about her children," said Sheila Krouse, who has lived a few houses away from Mrs. Edwards for seven years.

"She cared about her kids a lot," she said.

Baltimore county fire officials last night had not determined the cause of the fire, which started at the foot of the cellar stairs at 9:24 a.m.

The investigation was to continue today, according to Paul H. Reincke, the county fire chief.

A neighbor called the fire department shortly before 9:30, Chief Ralph H. Nelson said. Five pieces of equipment and 30 fire fighters reported to the scene. The fire was under control by 9:52 a.m., Chief Nelson said. The blaze heavily damaged the house's basement and caused smoke damage to the first and second floors, fire officials said. They estimated the damage at $30,000.

THE SUN/GEORGE COOK

Two fire fighters talk on the front porch of a day-care home on Deanwood road after fatal fire.

Delores Amoss, whose row house is six doors away from Mrs. Edwards's home, said she was upstairs watering a plant when she heard a woman cry out.

"I heard her scream, 'Someone please help me,' and I looked out and saw she had six [children] on the porch," Mrs. Amoss said.

"I looked out and saw black smoke. It was just billowing out," Mrs. Amoss continued.

Mrs. Edwards, coated with soot and wrapped in an afghan, said, "Take these six, I've still got two to get," Mrs. Amoss recalled. Mrs. Amoss said she ushered the half-dozen children into her living room, while Mrs. Edwards went back into the house.

Mrs. Edwards told her neighbor she was "getting ready to have a little Easter party for them," Mrs. Amoss said.

According to fire officials, the woman was unable to penetrate the smoke and fire to retrieve the remaining two children. Fire fighters ran into the house and found Jennifer M. Cooke, a month shy of her third birthday, in an upstairs rear bedroom. James Michael Crouse, Jr., 9½ months old, was in a crib in the front of the basement.

Both children were taken to St. Joseph hospital, where the Jennifer, of the 3000 block Oakcrest avenue, was pronounced dead.

James Crouse, of the 10000 block Hillgreen Circle in Cockeysville, was flown by helicopter from there to the burn unit of the Francis Scott Key Medical Center. He was listed critical condition last night w third-degree burns on his face, ar and legs.

The other children were taken the pediatric unit of University H pital, where they were admitted observation. None of them was h seriously, according to hospi spokeswomen.

A fire fighter, Capt. David Cle injured his knee battling the bla He was taken to the Greater Bal more Medical Center, where he w treated and released.

According to county records, M Edwards has provided day care her home since 1976. Neighbors sa yesterday that she has depended the income from babysitting sin she was divorced several years ag

Mrs. Edwards has two children her own, ages 10 and 14. They we summoned from Loch Raven Midd School yesterday morning and we staying with relatives.

Mrs. Edwards's home is reg tered with the county's social serv es department. Her renewable tw year permit is due to expire in A gust, according to Ms. Dobbins.

She added that under the sta rules, caring for more than six ch dren in a home is grounds for revo ing a day-care permit.

Ms. Dobbins said that state of cials are initiating a new investig tion of the day-care facility, aft discovering that eight children we at Mrs. Edwards's house yesterday

"It will be done speedily, and the we'll determine what action take," Ms. Dobbins said.

Camille Wheeler, the county's d rector of social services, noted th children yesterday were in the bas ment and top floor of Mrs. E wards's house.

2-12-84 Star + Tribune

3 children die in duplex fire; heat, smoke thwart rescue

By Larry Oakes and Kevin Diaz
Staff Writers

Three small children died Tuesday when fire trapped them in a small bedroom of a north Minneapolis duplex apartment.

The mother of two of the victims escaped with a fourth child and her 6-month-old son.

Heat and thick smoke thwarted efforts by the mother, neighbors and police to reach the children.

The victims were identified as 4-year-old JeRene Walker, her sister, LaMesha Walker, 2, and 3-year-old Lowell Williams Jr.

A fire official said last night that the blaze at 1210-12 Oliver Av. N. apparently was caused by the victims "playing with fire" in a bedroom of the upper apartment.

Firefighters were called at 2:48 p.m. after the woman who rents the upper apartment, Margie Walker, ran into the street with her baby, screaming for help. Sabera Williams, Lowell Williams' 5-year-old sister, ran out with her.

"She (Walker) hollered, 'My babies — somebody get my babies!' " said neighbor Janice Stevenson, 16, who said she looked at the upper unit, saw smoke and ran and called authorities.

Neighbors said Walker was taking care of the Williams children, who lived with their father, Lowell Williams Sr., 1502 Fremont Av. N. Authorities said their mother lives in another state.

"She was screaming and pounding on cars. Her main concern was to get some help," said Valerie Stevenson, one of those who tried to get inside the burning room. Janice and Valerie Stevenson are sisters.

Walker later told the neighbors that she had been talking on the telephone in her upstairs duplex apartment when she began to smell and see smoke. Her 6-month-old boy was on the couch in the room with her, but the other children were in another room with the door closed. "For some reason, she couldn't get the door open," Valerie Stevenson said.

More than 20 neighbors and passers-by gathered to help reach the children, she said. "We couldn't get in, and we couldn't see in, but people that could do something were trying. There was too much smoke, so people started throwing rocks and bottles through the windows to let the smoke out."

At one point the neighbors could hear the trapped children screaming, said Police Sgt. John Brodin, one of the first officers on the scene.

The children's bodies were found by firefighters on the bedroom floor — one near the door, another in the closet and the third along a wall opposite the door, authorities said.

Sabera Williams was taken to Hennepin County Medical Center with second-degree burns on her face and arms. She was listed in satisfactory condition last night, a nursing supervisor said.

Walker was unable to rescue the victims because the "fire was too far advanced," said William Fust, chief fire department investigator. "It's probably a miracle she was able to escape," he said.

Specifics about how the fire started won't be disclosed until investigators can interview Walker, who was heavily sedated last night.

A neighbor said that after she got outside, Walker was almost unable to speak because of her grief. "She said something about how did the kids manage to do that. She was in shock; we could hardly understand a word she was saying."

Walker was carried by paramedics from a nearby house where neighbors brought her. She was taken to Hennepin County Medical Center, along with Lowell Williams Sr., who neighbors say fainted upon arriving at the scene and learning of the death of his son.

"(Lowell Williams) just said, 'Oh, my God, my son,' " Stevenson said.

Her baby was being cared for by friends last night. Two of her other children were at school when the fire broke out.

According to fire officials the fire was largely contained to the bedroom, but caused extensive smoke and heat damage to the entire apartment. The loss was estimated at $25,000, said Fust.

The occupants of the lower apartment escaped without injury. Their names were unavailable.

Janice Stevenson, who is Valerie Stevenson's sister, said she was walking up the sidewalk toward her home when the girl later identified as Sabera ran from the house wearing only a T-shirt and shorts. "She yelled, 'Help us! Help us! My brother is dying,' " said Stevenson, who added that she then saw the woman later identified as Walker lying in the snow nearby.

Donald Swanson, brother of building owner Robert Swanson, said the building had passed a safety inspection in August, when Walker moved in.

STATE OF MINNESOTA

DEPARTMENT

Office Memorandum

TO: WES DATE:

FROM: GLEN PHONE:

SUBJECT: APPEARED IN FEB 20, 1985 DULUTH NEWS TRIBUNE

Toddler left inside burning day-care center

JACKSONVILLE, Fla. — An 18-month-old boy, accidentally left behind when other children were evacuated from a burning day-care center, was in serious but stable condition Tuesday, and officials planned to investigate the incident.

The youngster was found by firefighters inside Taylor Tots Nursery in West Jacksonville about 15 to 20 minutes after the blaze was reported about 9:30 a.m. Monday.

The boy, whose name has not been released, was hospitalized in Wolfson Children's Hospital in Jacksonville.

Firefighters had been told when they arrived to fight the blaze that all the children had beeen evacuated. As firefighters were dousing the final flames of the fire, caused by an electrical short in a clothes dryer, Wayne Pringle, a chief's aide, began checking through the houre.

"We were going through there and I just happened to walk by the couch," Pringled recounted. "My first impression was that maybe it was a big old doll baby. I couldn't believe anyone would still be in there after all that time."

"I reached down there and touched him. I knew that it wasn't a doll baby . . . He was whimpering," said Pringle, who rushed the youngster out to paramedics.

Wed Feb 20, 1985

TO ALL STAFF FOR YOUR INFORMATION:

This news item was sent in by Glen Bergstrand. I encourage all of you to send in items from your local papers relating to fire inspection, code enforcement and public education.

Wes

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MAR 19 1985

St. Paul Pioneer Press Thursday, July 12, 1984

Tot dies after falling into tub of hot water

The Steele County medical examiner's office Wednesday determined that an 11-month-old Medford boy, Dustin Orrie, died of burns and a heart attack after he fell into a bathtub of hot water.

Gary Ringhofer, an investigator for the sheriff's department, said the infant's mother, Debra Orrie, was downstairs vacuuming in the family home when the accident happened about 3:45 p.m. Tuesday. Ringhofer said Orrie had shut the bathroom door but another child, 2, apparently opened it.

It was not known which child turned the faucet on, Ringhofer said. The investigator said the faucet was very easy to turn. The infant was badly burned over most of his body.

Efforts to resuscitate the boy were continued for more than an hour by ambulance workers and the Owatonna City Hospital staff.

Rescuers Have Trouble Saving Reluctant Kids

Keeping their composure with icy calm and cool efficiency in 20-below zero cold outside and 180-degree heat inside, a mother and her daughter saved three children from possible burning.

A nine-year-old girl and a five-year-old boy, terrified by the spurting flames and billowing smoke, panicked and refused to leave the burning building.

It happened at the Ronald and Susan Peterson home in Midway.

Grandmother Eleanor Copiskey declined the role as heroine. "If anything right was done, it should be shared with my daughter, Susan," she insisted.

"It was one of those inexplicable things that must be ordained by fate," she recalled. "It was 20 below. I shouldn't have gone out in that kind of weather, but I did. It was about 10:45 a.m. I got out of my car and as I entered the house, Susan said, "We're on fire." There was smoke, but at first we didn't see any flames.

"There was a moment of indecision. Should we try to douse the fire ourselves. Before we had a chance to decide, the flames started flaring. The baby, Joshua, 2, was in the bedroom. We had no trouble getting him outside and into my car.

"But Shelley, 9, who is a very bright girl and practical became immobilized and couldn't move. She screamed and wouldn't let us take her outside. Time was running out on talk, so I slapped her as hard as I could a couple of times and with the help of Susan, we pulled her by the hair to safety. Later she told us she never felt the slapping.

"Matthew who is five may have been frightened by his sister's action. He climbed on the sink and held onto the cupboard. It took a lot of effort for Susan and I to dislodge him.

"Once we had the children safely in my car, I rushed over to the home of Pastor Conrad Warner nearby and phoned the fire department. Then we took the children into his home.

All their belongings were burned, as the house was razed right down to the ground.

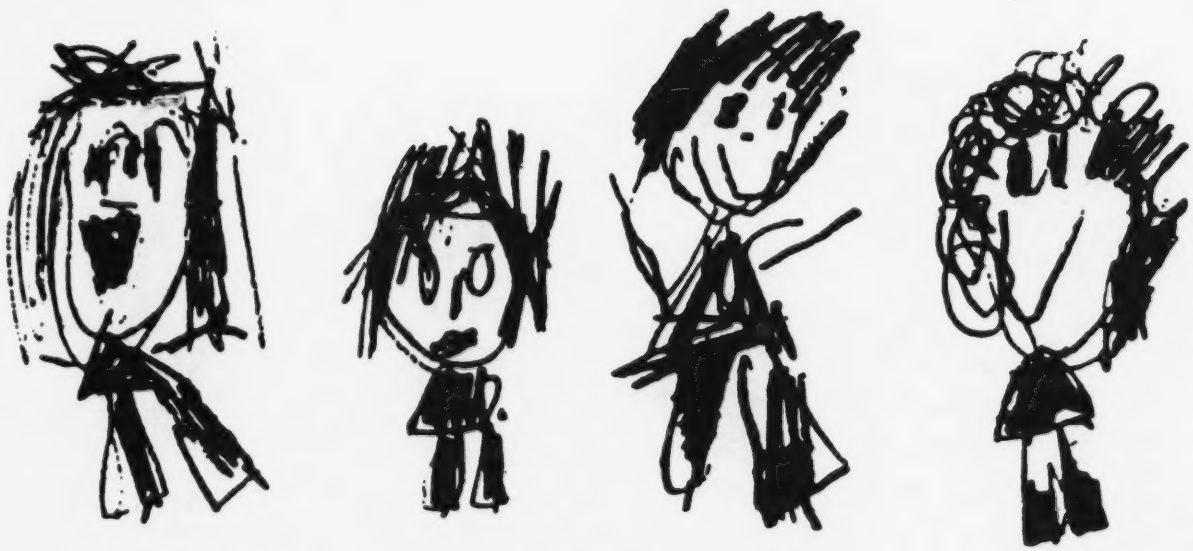
When Proctor volunteer firemen arrived, the house was a blazing inferno. Fire Chief George Vanneste concentrated on keeping the fire from spreading.

Appendix D.
Competency Standards: Minnesota Family Day Care Training and Assessment Project

COMPETENCY STANDARDS

Minnesota Family Day Care
Training and Assessment Project

University of Minnesota



Competency Standards

The Competency Standards are designed for use by Local Assessment Teams functioning as a part of The Minnesota Family Day Care Training and Assessment Project.

The project will not recognize assessment teams formed without its authorization as valid agents for awarding the Family Day Care Credential.

This edition of the Competency Standards is the official standard of The Minnesota Family Day Care Training and Assessment Project until another edition is published.

Definition of the Family Day Care Professional

The Family Day Care Professional is a person able to meet the specific needs of a group of children in a home care setting, by nurturing each child's physical, social, emotional, and intellectual growth, by establishing and maintaining an effective child-care environment, and by cooperating with parents in promoting the children's individual growth and development.

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FAMILY DAY CARE COMPETENCY STANDARDS

Competency One: SAFE

Provider establishes and maintains a safe home environment and begins simple safety education with the children.

Support Statement: Both inside and outdoors, the home should be free of hazardous conditions and unsafe materials. Careful and ongoing adult supervision is needed to insure the safety of infants, toddlers, preschoolers and school-age in the provider's care. The provider should have a working knowledge of first aid basics and a plan in the event of accidents. Safety rules and precautions should be understood and practiced by all children and adults who are regularly in the home.

Sample Indicators: For example, the provider:

-- has written plans for emergency procedures of all kinds and practices them with the children (e.g., threatening weather; illness or accident involving child or provider; fire; emergency transportation; etc.).

-- shows awareness of safety needs of each age group in care (e.g., establishes rules; arranges home to prevent dangerous situations).

-- communicates with the children regarding safety to help them realize the consequences of their action and the logic behind the rules. (e.g., reads books about safety; plans field trips related to safety; talks to individual children about safety as the need arises; etc.)

Competency Two: HEALTHY

Provider establishes and maintains a home environment that is free of factors that can cause illness and follows basic health practices with children and families served.

Support Statement: Sanitation and hygiene practices are followed by the provider to minimize conditions hazardous to the health of the children. Opportunities for the children to acquire and practice health habits are provided. The provider is able to recognize common signs of illness in children and has a plan in the event of illness. Provider establishes good communications with parents and children regarding children's health.

Sample Indicators: For example, the provider:

-- teaches the importance of health and dental care and good health habits. (e.g., uses good health habits; reads books about doctors and dentists; establishes hygenic routines for toileting and eating; etc.)

-- cleans play areas and materials regularly (e.g., sanitizes teething toys; washes dolls, toys; empties ash trays; sweeps floors, etc.).

-- is able to utilize special resources in the community (such as mental health centers, public school speech clinicians, special needs diagnostic services, etc.) when the need arises.

-- makes every effort to allow for outdoor activity each day. (e.g., takes children for walks, buggy or stroller rides; allows children to play in yard or at park; etc.)

Competency Three: NUTRITIOUS

Provider plans and serves appropriate well-balanced, nutritious and appealing meals and snacks and begins simple nutrition education with the children.

Support Statement: Daily menus show balanced use of the basic food groups and awareness of differing nutritional needs of children. Ethnic foods, cooking experiences, snacks and meals are made part of a simple nutrition education program. The provider makes snacks, meals and the atmosphere attractive to the children. Children's and parent's values relating to food and eating habits are worked out cooperatively.

Sample Indicators: For example, the provider:

-- understands the nutritional needs and varying eating patterns of all age groups served (e.g., serves appropriate portions; deals with food likes/dislikes and still provides a balanced diet; is sensitive to fluctuating appetites, etc.).

-- provides a way for each child to be comfortable during meals (e.g., chairs that fit the children, appropriate eating utensils; allows children to feed themselves as much as possible; etc.).

-- establishes a mealtime routine that is relaxed and pleasant. (e.g., sits down and eats with the children; carries on pleasant conversations with the children, etc.)

-- communicates with parents concerning meals and snacks (e.g., shares menus/recipes; discusses children's likes/dislikes; etc.).

Competency Four: HOME ENVIRONMENT

Provider organizes and uses appropriate materials and space to make the home an interesting and enjoyable place for the children in care.

Support Statement: This competency focuses on making available to the children on a day-to-day basis, materials, equipment and space which facilitate social, emotional, physical and intellectual development.

Sample Indicators: For example, the provider:

-- selects, uses and rotates materials/equipment that stimulate the interest of the children of each age group and is aware of factors contributing to over-stimulation and under-stimulation. (e.g., has sufficient materials so as to minimize conflict; utilizes household objects to stimulate learning; provides a variety of texture/sensory experiences for all children; etc.)

-- uses the outdoor environment and the community to provide learning experiences for children (e.g., nature walks; visits to library, post office, businesses; using neighborhood parks/playgrounds).

-- maintains a well-arranged and orderly environment with space appropriate for children of each age groups (e.g., arranges home so that appropriate equipment/materials are accessible to each age group; defines play spaces and allows children of each age to explore within the boundaries; etc.).

Competency Five: CHILD DEVELOPMENT

The provider demonstrates awareness of the changing needs and characteristics in the different developmental levels of children in her care--infants, toddlers, preschoolers, and school-age--through planning and communication. Provider respects each child as an individual and recognizes the evolving nature of the child's development.

Support Statements:

Infants: Provider attends to the physical needs of infants. The provider holds, talks with, plays with, observes and provides nurturing and enriching experiences for infants, in order to help them with physical, emotional, social, intellectual and language development.

Toddlers: The provider allows the child the freedom of active exploration within safe limits and provides opportunities for active involvement, personal fulfillment and beginning social endeavors through supportive activities and interactions. Provider accomodates the differing social, emotional, physical, intellectual, and language development of individual children in this age group.

Preschoolers: The provider makes available a wide range of activities to assist preschoolers to gain basic skills and concepts and to develop creativity and problem solving abilities. Play experiences are encouraged to facilitate personal and social development. Through large and small muscle activities, the provider encourages preschoolers to continue with necessary physical development. Provider and child have opportunities for verbal interaction and development of listening skills. Appropriate responsibilities and "self-help" tasks are given to help preschoolers build self reliance.

School-Age: Provider respects and encourages the child's need for increased autonomy and self-direction. Provider is supportive and responsive to the differing physical and emotional needs as the children become more involved in the community. Provider interacts with individual children to encourage expression of feelings and ideas. Provider is available to act as liaison between parent, school and child.

Sample Indicators: For example, the provider:

-- understands the importance of allowing infants to explore their environments and makes time each day for infants to be in different parts of the home, on a variety of surfaces, "navigating" at whatever level they are capable of. (e.g., takes children to various parts of home; use walker; jumping seat, infant seat to give children different sitting experiences; allows children to be on bare floor, carpeted surface, grass, fuzzy blankets; etc.)

-- understands that testing, resisting and "possessing" things are ways that toddlers establish themselves as independent beings and is gently patient and creative in guiding their behavior. (e.g., uses distraction to deal with conflicts over toys, gives choices whenever possible; etc.)

-- takes every opportunity to foster continued language learning by responding to what children say, talking with them daily, and sharing in their excitement as they become better communicators and spends time each day talking with and listening to the children on a personal basis. (e.g., talks about experiences of previous evening/weekend; sits with child quietly to look at books; talks about what they are doing, encourages children to ask for things instead of gesture; praises them for spoken words; repeats words they say.)

-- recognizes that children have their own rhythms, respects each individual's schedule and makes every effort to adapt to them. (e.g., allows them to eat/sleep according to their needs; spends time with children during their active, awake periods; has space for children to be alone; allows time for children to unwind and relax as needed; etc.)

-- allows the children to take responsibility appropriate to their individual capabilities (e.g., going to the park alone; preparing snack for self; making decisions from choices offered about what s/he will do; etc.).

-- fosters and facilitates independence and allows each child to do as much as is possible for themselves and others (e.g., getting dressed; serving selves; helping younger children; cleaning up, etc.).

Competency Six: PHYSICAL

Provider has an awareness of characteristics of physical development and provides an environment and activities which foster healthy development.

Support Statement: Provider plans a balance of motor activities which develop all parts of the body and are appropriate for each child's ability. Children's need for active play (regarding of weather), small muscle development, sensory experiences, and rest are carefully considered in planning daily activities.

Sample Indicators: For example, the provider:

-- makes available equipment and opportunities for the development of arm and leg muscles (e.g., pushing/pulling activities; swinging from bar or rail; throwing).

-- makes provisions for active play-space in the home and plans or suggests creative activities. (e.g., uses foam mats for tumbling; moves furniture to make space for active play/wheel toys; has boxes for crawling through; etc.)

-- makes necessary adaptations to meet the unique needs of each child (e.g., including skills and sensory development at the appropriate level for each child. (e.g., puzzles; small/large constructive materials; sand; water; play dough, etc.)

Competency Seven: LEARNING

Provider supports through activities and interactions, learning qualities important both in early childhood and later in life: such as curiosity, creativity, problem solving, and communication skills. Provider encourages learning while maintaining the unique nature of the FDC home.

Support Statement: Some experiences that support learning are: creative activities that emphasize "process rather than product", stories, conversations, discussions, guided use of manipulative activities. Provider is aware of the importance of solitary, parallel and cooperative play in early learning. Sensitivity to children's efforts and achievements is important in helping children to develop these qualities.

Sample Indicators: For example, the provider:

-- provides a variety of materials for exploration and experimentation in areas of science, art, music and dramatic play. (e.g., magnets, magnifying glasses, books, paints, paste, records, instruments, dress-up clothes, props, etc.)

-- uses techniques which stimulate curiosity and motivate children to learn (e.g., talks about day-to-day experiences; shows curiosity about things; helps children to learn how to solve problems and find answers in a variety of ways; etc.).

-- recognizes that communication is the central part of all learning experiences and demonstrates this awareness in the ways s/he talks and listens to children. (e.g., asks questions; pays attention to what children say; points out new words/repeats words; labels things verbally/written around the home; etc.)

-- realizes the value of exposure to family relationships and participation in household activities as learning experiences (e.g., cooking, shopping, doing laundry, going to the store, gardening, caring for younger children, etc.).

Competency Eight: SELF CONCEPT

Provider helps each child develop feelings of self-awareness, self acceptance and esteem.

Support Statement: Provider recognizes that children who feel positively about themselves tend to act productively as individuals and members of a group. Through observation and interaction, the provider is thus sensitive to and respectful toward children's feelings and efforts and is ready to listen to children in order to understand their meanings. The provider is aware of the importance to the child of being able to take pride in self, family and cultural group, without the limiting effect of stereotyping. Each child has frequent successful experiences and positive recognition.

Sample Indicators: For example, the provider:

-- helps each child to experience success and challenge and children's efforts are encouraged regardless of results. (e.g., with toys, materials, and relationships.)

-- provides a comfortable atmosphere in which to discuss and share information on cultural heritage and family/lifestyle. (e.g., talks with children about their families; shares customs/foods unique to his/her family/culture; respects differences in lifestyles and families; etc.)

-- helps each child to become aware of, accept and have positive feelings about his/her own body and gender. (e.g., talks about body parts; reads books about the human body; encourages children to draw pictures of themselves and others, etc.)

-- helps the children to find acceptable ways of identifying and expressing positive and negative feelings. (e.g., reflects children's feelings when possible; reads books about feelings/emotions; uses pictures/photos which depict obvious emotion; encourages "acceptable" hitting of pillows and punching bags; etc.)

-- makes a conscious effort to keep his/her own self-concept positive as s/he realizes the effect it has on the children. (e.g., openly expresses pride in self and things s/he does; connects with support network regularly to share joys/frustrations of child care; etc.)

Competency Nine: SOCIAL DEVELOPMENT

Provider understands the sequence of children's social development and helps children to gain social skills and a sense of belonging to the group appropriate to their ages.

Support Statement: The provider helps each child to express feelings, and at the same time to respect the rights and feelings of others. Children are helped to develop cooperative attitudes and skills appropriate for the child's stage of development (through play and group activities).

Sample Indicators: For example, the provider:

-- is aware that young children see the world primarily in terms of their own needs and understands that they do enjoy being together even if they have trouble cooperating and sharing. (e.g., allows children of all ages to interact with each other; helps children resolve conflicts as much as possible; recognizes children's attempts at resolving own problems and encourages continued efforts; understands various levels of play; etc.)

-- talks to the children and encourages them to talk to one another so that they learn to be aware of their own and each other's thoughts and feelings. (e.g., explains situations when children cope with separation traumas as they occur; gives recognition for attempts to communicate; etc.)

-- serves as a positive social model by making every effort to build a positive relationship with each child as an individual; shares personal self with children; respects privacy and property rights of children; talks about own feelings with children; etc.)

-- helps children and parents deal with typical issues of social development such as separation, anxiety, aggressive behavior, sex role development and peer group development. (e.g., suggests articles/resources to help parents understand normal "crises"; plans with parents ways to deal with behaviors related to social development, etc.)

Competency Ten: GUIDING BEHAVIOR

Provider promotes an atmosphere which encourages the positive functioning of the children individually and in a group.

Support Statement: Provider maintains a comfortable routine and simple rules that are understood and accepted by the children and adults. Through a consistent pattern of positive guidance and discipline, provider seeks to solve problems and encourage acceptable behavior. Guidance reflects sensitivity to the varying factors which affect the individual child's behavior. Provider encourages the development of self acceptance and self control. Provider is aware of the impact of peer group pressure.

Sample Indicators: For example, the provider:

-- uses positive and preventive techniques for guiding behavior (e.g., understands the importance of routines, rules and organization; uses gentle, physical contact and normal tone of voice to influence children's behavior; can relate guidance practices to knowledge of child's development; etc.).

-- makes appropriate adjustments in guidance techniques to accomodate varying age groups and individual needs. (e.g., is aware that established routines/schedules help to alleviate some behavior problems; understands that children need to explore and try things; is sensitive to moods/circumstances that influence behavior, etc.)

-- informs the children of rules and boundaries to help them understand their importance and the logic behind them. Adults keep the rules as well as the children. (e.g., explains rules/limits to each child at his/her level of understanding; has rules posted so school-age children can read them; etc.)

Competency Eleven: RELATIONS WITH PARENTS

Provider establishes positive and productive relationships with parents and encourages interest in their children's activities.

Support Statement: The provider is a significant person in the child's life, and so is a partner with parents in the child's upbringing. Maintaining friendly, open relations with families can result in the exchange of mutually beneficial information that can help both parents and providers to perform their roles more productively. With respect for the family's privacy, the provider is sensitive to the joys, stresses and needs within individual families.

Sample Indicators: For example, the provider:

-- establishes and regularly uses an open line of communication with parents about what happens with their children while in the FDC home. (e.g., talks with each child's parent/s daily; uses a notebook to down daily happenings with each child; keeps a chart of food eaten, activities/experiences on each child; etc.)

-- meets with parents on a regular basis to discuss each child's development and to coordinate plans for fostering further growth and learning always observing strict confidentiality regarding children and families. (e.g., talks informally to parents about concerns/questions; schedules formal conferences after hours to discuss child's development; etc.)

-- shows respect for parents' decisions about childrearing issues (e.g., feeding, toilet-training, discipline, etc.) and makes his/her policies clear so that parents can make appropriate child care choices. If a conflict should occur with parents, the provider makes every attempt to communicate with the parent in order to get the conflict resolved.

Competency Twelve: OPERATIONS

Provider establishes and maintains an effective record-keeping system and has established policies and procedures which are clearly understood by the parents.

Support Statement: The provider is a manager of a small business. Skills at running the business are a necessary part of providing quality care. The FDC operation must be in compliance with existing licensing regulations.

Sample Indicators: For example, the provider:

-- has an established rate schedule and set of policies and explains them to prospective clients. (e.g., uses a contract format describing services; costs; interviews prospective clients to explain verbally the policies; etc.)

-- uses a system of record-keeping and planning to ensure that the business operations run smoothly. (e.g., keeps tract of payments in receipt book; maintain a business account with the bank; designs book-keeping system useful to FDC; etc.)

-- establishes and uses a system (either formal or informal) for observing and recording individual children's progress and development. (e.g., has card file on children with individual information; focuses on one child each day to keep tuned-in to changes; etc.)

Competency Thirteen: ASSISTANTS/SUBSTITUTES

Provider effectively communicates with others involved in child care services concerning plans, activities, routines, policies and rules of the home.

Support Statement: Cooperation and communication in the child care setting will result in a higher quality of care.

Sample Indicators: For example, the provider:

-- explains all policies and procedures to others working in the FDC home (e.g., plans for emergencies; drop-off/pick-up policies; etc.).

-- establishes regular communication with other adults regarding daily happenings in the FDC home so that everyone can deal with the children and parents more effectively (e.g., sharing information about falls, bumps, special accomplishments, behavior problems; makes plans with others regularly involved with children on how to deal with particular problems/situations; etc.).

-- helps to make assistants/substitutes aware of the philosophy and approach taken with the children and helps them to learn effective techniques for working with the children. (e.g., explains rationale for doing things the way s/he does; encourages helper to attend workshops related to child care; recognizes efforts and improvements of other staff; etc.)

Appendix E.
Licensing and Alternate Forms of Regulation

Licensing and Alternate Forms of Regulation

A Report to the Minnesota Child Care Task Force

Prepared by the Staff of the
Minnesota Council on Children, Youth and Families

October 27, 1986

Statement of the Problem

The Legislature asked the child care task force to study the licensing system and alternate forms of regulation, including conditional and restricted licenses. This report to the task force members defines what these terms mean, identifies which regulations are used in other states, and provides an analysis of these methods.

Definition of Terms

The following definitions give you an overview of the various methods used to regulate day care:

Licensing A form of regulation that determines whether a child-care program meets all basic requirements established by state statute or rule and that monitors compliance with the requirements on a regular basis.

Conditional License A license that allows a program to operate until it meets, within a specified time, all of the provisions that the regular license requires.

Restricted License A license that allows a program to operate with certain limitations, for example, not being able to use a home's basement.

Registration A form of regulation that stresses caregiver self-inspection and consumer awareness. The caregiver is responsible for determining whether or not standards are met and declares this in writing to the appropriate agency. Inspections are not usually made unless a complaint is lodged, although in some states spot checking might be done.

Certification May refer to self-certification, which means that the child-care provider declares in writing that all state regulation requirements have been met. May also be synonymous with registration or with licensing.

Accreditation A voluntary peer review evaluation done by national organizations from the private sector, using standards that serve as guides to develop a high level of excellence in child-care programs.

Methods of Regulation Used in Other States

Whenever child care is carried on in child-care centers, it is licensed. This is true in every state. However, the situation is more varied when it comes to family daycare. In 1986, 25 states used licensing, 14 states used mandatory registration, and another 4 states required voluntary registration. Some states used a combination of regulations. Only two states had no regulation.

Following is information about states that license and register daycare.*

Licensing

Alabama
Arkansas
California
Colorado
Connecticut
Delaware
Idaho
Illinois
Indiana
Kentucky
Minnesota
Mississippi
Missouri
Nevada
New Hampshire
New Mexico
North Dakota
Oklahoma
Rhode Island
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

Mandatory Registration

Florida
Georgia
Hawaii
Kansas

*This information was received from a telephone conversation with Allen LaRoue of Work Family Directions, Inc., Boston, MA. This group is studying the issue of regulation and standards for the development of parent brochures (617/734-0001).

Maryland
Massachusetts
Michigan
Montana
Nebraska
North Carolina
Pennsylvania
South Carolina
Texas
Wyoming

Voluntary Registration

Iowa
Oregon
Maine
Vermont

Regulation of Only Subsidized Child Care

South Dakota
West Virginia
Arizona
Ohio

Voluntary Registration for Homes That Do Not Receive Subsidies and Licensing or Mandatory Certification for Those That Do

New York (registration and certification system)
South Carolina (licensing for only subsidized homes)
Oregon (registration for subsidized homes)

No Regulation

Louisiana
New Jersey

An Analysis of These Methods

States may use different definitions for these terms, but one basic difference that underlies all forms of regulation is the degree of state investment and involvement in child-care regulation and the type and amount of responsibility each state assumes. Some states set and enforce standards. Some states set standards but rely on consumers to monitor them. Others set no standards.

In analyzing the options for regulation, this report discusses the strengths and weaknesses for each type of regulation listed in the definitions.

LICENSING

Assuming that the regulations are clear, consistent, enforceable, and supportive of providers, the following strengths and weaknesses are perceived.

Strengths

1. Licensing offers the best protection that children can have because there are regular checks.

2. It is a uniform system that promotes consistency. Licensing has existed in Minnesota since 1956, and Minnesota has the second largest number of licensed family daycare homes in the country who participate in the Child Care Food Program.

3. It promotes professionalism among providers because of the public recognition that providers meet approved standards.

Weaknesses

1. It can be expensive for providers and for states and counties to enforce.

2. It may seem burdensome to comply with so many standards.

3. It can be difficult to win political support for licensing from the public.

4. The rule-making process is cumbersome, e.g., it takes 18 months to develop a rule and sometimes many months longer for it to be adopted.

CONDITIONAL LICENSE

Strength

It would speed up the licensing process by allowing the providers to begin doing child care before complying with all standards.

Weakness

There is added cost to the providers.

RESTRICTED LICENSE

Strength

This allows for more people to get licenses.

Weakness

It imposes a strict set of standards on the providers.

REGISTRATION/CERTIFICATION

Strengths

1. It is the simplist form of regulation.
2. It may attract more providers into the market.
3. It allows providers more flexibility in determining whether standards have been met.

Weaknesses

1. It places total responsibility of selection and monitoring on parents.
2. It is unenforceable.
3. It provides very little protection for children.

ACCREDITATION

Strengths

1. It can promote a high level of excellence among providers.
2. Evaluation is done by professional peers.
3. It provides status to the child-care providers.

Weaknesses

1. It is expensive.
2. It takes a great deal of time.
3. The benefits are not very visible.

Appendix F.
Research on Indicators of Quality in Child Care

A Review of the Research on Quality Indicators

For the Child Care Task Force

By
Karen Carlson
Department of Human Services
Division of Licensing
1986

Based on child development and daycare research, the following list of quality indicators has consistently emerged:

1. Group size
2. Adult/child ratio
3. Caregiver qualifications and training
4. Daily program
5. Physical environment
6. Patient involvement

Group Size

The National Day Care Study done by the U. S. Department of Health and Human Services concluded that group size is the most important factor in determining high quality center care for preschool children. Smaller groups were consistently related to the delivery of better care, more socially active children, and higher gains on developmental tests. The study recommended a group size of 18 for three- to five-year-olds.

The National Association for the Education of Young Children (NAEYC) recommends a group size of 8 for infants, 16 for two- and three-year-olds, and 22 for four- and five-year-olds with at least one teacher and one assistant for every group. The National Day Care Study recommends that family daycare homes be limited to approximately six children, depending on the age mix.

Adult/Child Ratio

Independent of group size, adult/child ratio is a less powerful indicator of quality than previously believed, especially for toddlers and preschoolers. However, ratio is strongly related to quality care for infants. The NAEYC recommends a 1:4 ratio for infants, a 1:8 ratio for two- and three-year-olds, and a 1:11 ratio for four- and five-year-olds. Richard Fiene, Pennsylvania Office of Children, Youth and Families, recommends a 1:5 ratio for infants, 1:4 ratio for toddlers, 1:10 ratio for preschoolers, and a 1:15 ratio for school-aged children.

Caregiver Qualifications and Training

Numerous studies conclude that caregivers with education or training relevant to young children deliver better care and that there are somewhat superior or development effects for the children.

Daily Program Plan

Again, numerous studies consistently concur that any educational program is better for children's development than no program at all and that some

curriculum of planned, identifiable activities is an important indicator of quality in family daycare homes as well as in centers. The content of such a program may vary according to provider and parent assumptions about what is best for children, but caregiving situations that provide no program activities clearly do not approach standards of quality. In addition to the extent that a planned program is individualized, it further enhances the quality of care.

Physical Environment

Although the human environment is considered the more important influence for children, the physical environment also determines quality. Once a threshold of safety is achieved, the amount of space available to children and the way the space is arranged and equipped influence the human interactions. After the minimum need for the amount of space is met, the way in which the space is equipped and organized becomes more important than the amount of space. (Minimum indoor space of 25 to 35 square feet per child is recommended.) An environment with fewer children and easily accessible resources is considered optimal. Children need a variety of enough equipment and materials to allow a balance of activities and to avoid unnecessary competition.

Parent Involvement

Parent participation, communication, and accessibility are particularly critical indicators of quality for very young children. The amount of such involvement and the encouragement given to parents to participate distinguish quality programs.

RESEARCH LIMITATIONS

These conclusions are based on a variety of empirical studies that delineate the effects of the daycare experience on young children and the contributors to good quality programming. Further research is necessary, however, to compensate for existing deficits in our current understanding of these studies. These deficits are attributed primarily to the following limitations of current research:

1. Most studies were conducted largely in high quality, model daycare center programs, and their results cannot thus be generalized to lower quality daycare situations. In addition, only a very small amount of the research has been conducted in family daycare homes.

2. The research has been restricted to immediate behavioral consequences with little attention given to long-term effects of daycare.

3. Numerous studies may be of questionable validity because of methodological problems in the experimental design.

4. The major measures of effects employed have been mostly elaborating experiments and psychological tests and thus may not be adequately representative of actual behavior of young children.

5. The comparability of some research samples are problematic because of their attitudes toward the maternal role and daycare itself. Since families self-select the daycare experience for their children, it can be assumed that these families are mostly supportive of daycare as a viable option. Those families with extremely negative feelings toward daycare do not place their children in such settings.

Given these real limitations, however, research findings seem to agree about what constitutes quality. A large portion of the studies is correlational in nature, whereby the general strategy is to sample as wide a range of child-care settings as possible, describe potential indexes of quality, and then relate them to a set of child and caregiver behaviors believed to represent optimal caregiving. This strategy has been successful in identifying several predictors of quality.

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Appendix G.
Community Meetings

Community Meetings

Lieutenant Governor Marlene Johnson, honorary chair of the Child Care Task Force, visited 15 Minnesota communities in the summer and fall of 1986. She toured child-care centers, visited family daycare homes, and held public meetings to find out directly from people what concerns and suggestions they had concerning the child-care services in their communities.

The Council on Children, Youth and Families sponsored many of these meetings, and they asked people to respond to these questions:

1. What are the needs, problems, and concerns unique to your community regarding the care of young children?

2. What are the resources your community has to offer young children and how successful are they?

3. What can be done by this community to address the needs here? What has to be done at the state level?

Following are answers to these questions and other selected comments.

CROOKSTON CHILD CARE MEETING

May 5, 1986
Highland Middle School Library
Crookston, Minnesota
20 attended

Rural Areas Need Child Care

"Our communities are suffering economically. We have more need for child-care help than in the cities. But our child-care needs are different. Parents have more part-time jobs and have much more flexible work patterns. A big need is for more part-time care for children."

"Since 1980, we have lost 2300 children here. Many farm families are undergoing foreclosure. A lot of people are underemployed. People need help with their kids so that they can go back to school and make changes for the family."

Child Care Centers Close

"At the time when we need them the most, our child-care centers are closing. Their profits are only marginal and when economic hard times hit, they cannot stay afloat."

"The state doesn't offer enough support for centers. A group of parents has banded together to try to save the one child-care center in our community. What amazed us was the dedication of the faculty. They have been willing to work for less money than they could make in a school because of the children. But the hospital says that the center isn't making a profit so they want it closed. The children are the ones who will suffer if this one closes. We need help."

"What bothers me is that parents who are already suffering from all kinds of stress must add fundraising for child-care centers to their concerns."

AVTI's Need Child Care

"The student population in our AVTI has changed dramatically. Now the fastest growing group is that of adults with young children who must return to school for retraining. Three years ago the average age of students was 18 and now it is 25. At least one out of every ten students was prevented from returning to school because of child care."

"Students have a critical need for child-care services. Thirty percent of students are married and 11 percent are single parents."

County Lacks Money for Child Care

"Our county has fiscal problems and little support. Many more people require help than before but we have experienced cutbacks in program funding."

"Our county used up its whole appropriation for child-care subsidy during the first six weeks. We had $43,000 dollars and we were able to serve 58 families. We have a very long waiting list of those who need help. Another problem is that there is a gap between those with very low incomes and those in the middle. They do not qualify for anything, but it is they who need child care help to work."

Rural Communities Need Quality Child Care

"If our rural areas are to attract new businesses here, and they must if they are going to make it, then they need good child care here. It is an important selling point to any employer."

"All of us in the community have to come together to discuss our common interest in children. We have to develop an agenda for children that makes sense. Good child care needs to be part of that."

"We business leaders like to talk about kids. We have feelings and compassion. We love our own families. But we often don't pay enough attention to what is happening in our own communities. We need more education about child care."

Food Program Works

"The food program is a lifesaver. The reason that some families are using child care is because of the nutrition they receive from this program."

"Hunger is a reality for families here. A lot of people have to depend on food shelves. The food program is great for the kids because it's the only way in which some of them can get good meals."

Expand Child-Care Services

"It's so hard to find out about who is providing child care in the area. And who is giving good care. We need an information and referral service."

"The biggest need now is for infant care. Parents looking for such care are often desperate."

"The problem that I see is this. How can you have 'quality day-care' when you have minimum wage people? We must have more public money."

"Providers need help from the state so that they can get low-interest loans to start up new services."

"We need more child-care facilities for kids with special needs."

VIRGINIA CHILD CARE MEETING

May 8, 1986
7:00-8:30 p.m.
Holiday Inn Conference Room
Eveleth, Minnesota
60 attended

Insurance

A representative of Kiddie Karousel Child Care Center, Hibbing, said that their center's insurance had risen from $400 to $1000 from one year to the next although they never had a claim.

Another provider said that State Farm Insurance Company had raised their rider rates for a family daycare home from $12 to $100.

Another company had dropped coverage for family daycare altogether.

Unlicensed Child Care

"Heating costs, insurance, and unlicensed daycare are undercutting us."

"Minnesota is losing money on unlicensed homes. They don't pay taxes."

Sliding Fee

A representative of one center said that it had lost children due to the change in eligibility requirements of the sliding-fee program.

The sliding-fee director for St. Louis County said that they had to make cutbacks twice on eligibility because of budget cutbacks at the federal and state levels. He said that St. Louis County spends more than any other county on sliding fee. The $400,000 they receive is supplemented by county monies to total about $3-1/2 million.

Infant Care: Shortage

Several stated that shortage of infant care was a problem.

"County contracts are incentives, especially where no infant care exists."

"What are the incentives? Limits are hard to determine because each provider specializes in different age groups."

"Four infants is not profitable because of the 1:4 ratio."

A local minister said the church saw a need and provided infant care for $1.50/hour. Said that it is a service to the community. Other care costs $1.20/hour with the costs for the second child at $1.00.

"We can't staff infant care as it's too expensive."

Parental Leave

"In this area, we have problems in taking time off. The Virginia Hospital has a six-month leave and assurance is given of the position on return."

"I can't take time off for fear of losing my job. The economics of this area just wouldn't allow it because someone else would take my place."

Consumer Education Needed for Quality Care

Several people stated that parents need to be educated regarding centers and there is a need for trained, hence, qualified staff.

"How do parents afford good quality care?"

"Parents who can hardly meet their own needs let alone their children's needs are a problem."

"Public schools need to get involved in child care because then people will become involved with this issue."

"Schools and daycare need to unite for community service."

Wages of Child Care Providers

"There are no benefits and the wages need to be increased for preschool teachers."

"What can I do to financially change things with my center? I need money to do that."

"We want some stability in our income--the state can provide that guarantee."

"We want some of our energy to go towards quality care rather than deal with survival problems."

Training Needed

A provider from Duluth said that teaching and training of staff in a center that serves minority or adopted children is essential.

Food Program

"We want assurance that the food program will not be cut."

Part-Time Child Care a Need

"It's hard to find part-time daycare."

Staff Turnover High

A representative of Apple Tree Learning Center stated that there was a high staff turnover and that finding training was difficult.

Need for Networking in Family DayCare

A loosely formed group of family daycare providers was meeting and they recognized the need for more mutual support.

County Budget Problems

A supervisor of northern St. Louis County said that the economic situation is a problem. "To what need should we allocate our dollars? What are our priorities? There's no budget money to go around! What should be done? You need to bring this back to the Legislature!"

Resources Available and Not Available in St. Louis County

Children's Advocacy Network provides respite care for parents who need time away from severely handicapped children.

Pilot Parents provides one-to-one contact with parents and provides information to them.

"Children need more interesting things to do, such as puppet theatres."

"Why wasn't the birth-through-three legislation passed?"

Other Concerns

A representative of an alternative school in Ely listed several concerns he wanted heard:

1. The problem children he encounters are the result of lack of early childhood education and preschool programs.
2. Sex education is needed in the schools.
3. AIDS is a concern that needs attention.
4. Foster care parents are penalized for doing a good job.
5. Juvenile justice code needs reform: need strong advocacy for children--both legal and other.
6. Children need to learn about the grief process.
7. Better parenting skills are needed.

8. Better communication between helping groups is needed.
9. Many special services are being cut back, which he objects to.
10. Labelling of children starts in preschool.
11. Problems of drugs, smoking need to be addressed.
12. Children need to be needed.
13. Nutrition needs to be a concern.

MARSHALL CHILD CARE MEETING

May 13, 1986
7:00-8:30 p.m.
City Council Chambers, City Municipal Bldg.
Marshall, Minnesota
30 attended

Rural Problems

"Here we have a lower wage structure for women who work. That means it is hard for parents to pay for child care. The larger towns are growing, but the smaller communities are disappearing. Women are trying to get off-farm jobs to get enough income for the family. The times make it hard to families with young children."

"A mother with a young baby finds unlicensed care. That's all she can find. Sometimes the infant will have five or six caregivers in a year."

"Transportation is a big problem in our communities. A mother has to travel long distances to find anyone who will take care of her child. And there is no public transportation available."

"Many women in this community simply make too little money to be able to pay for child care. Providers cannot charge much either."

"Most women have no benefit package."

Quality of Child Care

"There is no method to determine the quality of care. Most wind up with whatever child care that's available. It's not always consistent care for the children."

"No one knows how to find out what's available. We need better information and some kind of referral service."

State University and Child Care

The State University wanted to open a new child-care facility for the many students who need this service. Officials had all the plans in place and then discovered they could not comply with building code restrictions for child-care facilities. They could not go ahead with their plans.

Community Involvment

"The larger community needs to be involved in discussions about child care. We think we are progressive. But our parental leave policy is determined by economics, not need."

Parental Leave Policy

"Our company has a good parental leave policy where employees can take up to six months of leave without pay. But many can't use it because they can't afford to be home."

DayCare Is Tough

"Daycare is a very tough job. It's not very glamorous and no one really respects what you do when you are caring for little kids."

Licensing Concerns

"Steps should be made to make unlicensed providers either get licensed or quit. The licensed providers have few advantages but they have lots of requirements that the unlicensed providers don't have. The unlicensed providers can run their business as they like while the licensed providers have lots of requirements, inspections, and headaches."

"More consistency is needed among state and county licensing workers and fire marshals."

"Too many discrepancies exist between family daycare and group family daycare requirements. It takes just as much knowledge to care for six children as it does with ten since each child is an individual."

"Child/staff ratios should allow for more flexibility. We need to be able to provide for emergencies, part-time care for children, and school-agers, especially over the summer. Drop-in care for children is also needed since so many parents are working at several different jobs."

"Too much equipment is required by the rule. There is a storage problem with all these requirements. Homes have limitations on space."

"Too much paperwork is now required. Daily logs should be optional. Floor plans of the home should be required only at the time of initial licensing. We now have more paperwork than ever, and that time should be used for the children."

"We daycare providers and parents do have common sense. But the rule doesn't treat us as if we did."

"Liability insurance is needed but insurance is costly to obtain. We need some kind of assigned risk pool for insurance."

"Most of the things listed under child-care development programming are such common sense things that everybody should know how to do them anyway. Having such things on a list is intimidating and unnecessary for child-care providers. When you run a daycare operation in your home, flexibility is important. Children do not like having every minute of the day dictated to them."

"Requiring that the temperature for water heaters be set at 110 degrees is not sanitary for the purpose of killing germs. A dishwasher requires that the temperature be set higher."

"There are too many structural requirements for a privately owned home. For example, self-closing fire doors can be very dangerous for children because they can be caught in the door."

"In general, we feel that Rule 2 is legislative overkill. It is derogatory to both the parents and daycare providers and it assumes that neither have common sense. More should be left to the discretion of parents and providers."

MORA CHILD CARE MEETING

May 19, 1986
Noon-1:30 p.m.
St. Mary's Catholic Church Parish Center
Mora, Minnesota
20 attended

Center Closed, Others Having Financial Problems

The only child-care center in Mora recently had to close. A center director from another town said, "We exist on fundraisers and tuitions."

Parent Needs

"The middle income group is squeezed. People with good salaries can afford to pay for child care. People with little money can get help but we find it hard to purchase child care because it takes so much from our income. But we can't work without it."

"Parents really need to have their priorities in order. Our kids need to come first."

"I use my husband's parents to care for the children. Grandparents need to be tapped as a child-care resource."

Latch Key Needs

"Even if parents are not working, they're still not at home. What do kids do? They're tough, they survive. They just go home and no one cares for them."

"There's little support for mothers in raising children. We expect responsibility from kids at younger age. I have to leave my kids at home alone so I can go to work."

"The problem in this community is that parents have to leave home at six in the morning in order to commute to the Twin Cities. They have to leave their children alone from early in the morning until late at night when they return. I am a teacher and I can see the effects on the kids."

School's Participation in Child Care

"There is no incentive for schools to provide child care. Transportation costs for schools is a big issue."

"Finding space in our schools is a problem."

"The cost of latch key is high. What are the incentives to parents to use this service?"

Community Colleges' Role in Child Care

They provide daycare for students at about $.75 per hour, which is available through state appropriations for part-time students. "But this amount isn't enough."

Unlicensed Care

"The biggest concern of myself and other providers in the area are the many women doing daycare without a license. Our licensing person cooperates with the county association and contacts women that have been turned in. They are then turned over to the county attorney, where it all stops. Are these women paying income taxes on their daycare business? How can they get daycare insurance without a license? The state needs more people to work in this area and it has to pay attention to this problem."

Training Not Available

"Some of the daycare providers are having trouble picking up the extra hours of training now required in Rule 2. We offer training at our county association meetings. We need more training in a variety of areas that is offered locally."

Rules and Codes Are Inconsistent

"A few providers have had some major costs due to the fire regulations. There has to be more regularity between Rule 2 and fire and building code requirements. Under Rule 2, we can have 14 children with a helper. Under the fire code we are then considered a daycare center. Why is this?"

New Rule Works

"The new Rule 2 is stronger and better than the previous one. It is a big step forward in having better daycare in Minnesota."

Providers Speak

"My main concern is giving love and good care to the children placed in my care. I have taught in a daycare nursery school and much prefer the home group daycare setting."

"For personal reasons, after 22 years of working and caring for children in daycare, I have found employment elsewhere. My heart is still with the children and helping provide good daycare in our community."

"I consider myself a professional business woman in the daycare business. Now if the public would consider us all as such, and not just 'babysitters'."

MINNEAPOLIS CHILD CARE MEETING

June 5, 1986
7:00-8:30 p.m.
Longfellow/Nokomis Community Center
Minneapolis, Minnesota
20 attended

Public Policy Needed

"The government is working with families. There are different programs and initiatives at the legislative level" (state representative).

"Child rearing is not valued!"

"The demographics of working women may change this value orientation. Poverty and the child-care community share a lot of similar symptoms--low wages, high turnover . . . ."

"There could be a rotating fund at the state level for users of child care. This way you could raise the rates for providers to make a decent wage. The loan could be paid back over a period of time similar to student loans."

"The problem is a basic redoing of attitudes. We need to redistribute money to families with children" (state representative).

"There need to be demonstration projects regarding working women with child-care needs. Health care is a great barrier to working as is the need for child care."

"The combination of these two issues can be an incentive to women working."

Need for Sick-Child Care

"Sick-child care is a need. There is 'Chicken Soup' but it is expensive so it's not accessible to a lot of people."

"The state does not allow for the payment of sick days. It's hard when you still have to pay regular daycare and sick care somewhere else also."

"Businesses are not acknowledging workers as parents."

"Make sick-child care a part of the sick leave package of employers."

"Junior high school kids stay home from school to take care of the younger ones. "How do we convince employers to give people sick leave for their children? We need to get employers in the discussion."

Licensing/Unlicensed Care

"Unlicensed daycare undermines higher wages for providers."

"If parents claim a child-care deduction, they should be required to put the number of the license on their income tax form."

The food program is a strong incentive for licensure. Tax deductions are also one incentive.

Insurance

"Insurance is a crisis problem for providers."

Coordinated Approach to Child-Care Problem

"A cross-professional approach should be taken. There is a growing awareness among university people to support some of these programs. Perpich could reinforce this cross-professional approach."

"A major problem is how to identify the 0 to 4 population that needs to be served, that is, those who are not already in centers."

"What role are community organizations going to play in this?"

"Community-based councils for children with state monies should be created. Business people, educators, and community leaders should be involved. There should be a grant distribution program."

"Business leaders are vital to this issue."

"Can't we use the Early Childhood Family Education programs to do more for child care?"

"Mental health and the 0 to 3 age groups are areas that need development."

Suggestions

"Why can't we pay family members in the extended family for child care? Now you can't receive payment if you are a relative. This would put money into the family system."

"We need support for the existing programs. Why do we create new programs when there isn't enough money for the good ongoing programs? We need to build community support for this issue."

CLOQUET CHILD CARE MEETING

June 12, 1986
5:00-6:30 p.m.
Garfield Community Center
Cloquet, Minnesota
60 attended

Special Types of Child Care Lacking

Shortages of child care were noted: infant care, toddler care, part-time care, shift-wrok (24-hour) care, as well as overall quality care.

The infant care market is expensive because of the high ratio of staff needed per infant; also, it is expensive because the equipment needs are great--need one crib per child, and special toys per child also.

"I turn away at least two families per week," says a family daycare provider.

Parental Leave

"The average is three months for paid leave."

"Six weeks is a closer average for our maternity leave."

"How can we give businesses incentives to give paental leave?"

"Economics is more feasible than looking at infant-care centers."

"Public attitudes will determine how counties deal with child-care benefits, maternity leave, etc. It must come from the people themselves."

Community Involvement

"The way we care for our children is the responsibility of the community."

"It won't rise from the bottom up--it will have to come from the top."

Sick Care

"Employers have an incentive to work on this issue. We lose in productivity if we don't deal with this."

Latch Key, A Need

"There is a need in Moose Lake. The state hospital is interested in addressing this need. An information and referral service is needed, and there need to be alternatives for parents. Latch key for 5- to 12-year-olds in a structured setting is also needed."

Youth Alternatives Project: In Cloquet, this is set up with local funds, to help prevent children from using alcohol and drugs. Any child is eligible, and 120 kids participate. The use by the kids is voluntary, but there is close work with the parents.

Money, Sliding Fee

Comparisons in fees: $1.00 for babysitter, $1.00 for infant care.

"It's now unanimous in each place we visited. Babysitters get equal to and more often more per hour than qualified providers. And they eat a lot, watch TV, talk with friends on the phone" (Lt. Governor Marlene Johnson).

"Carlton County uses sliding-fee monies for unlicensed care. The check is made out to parents and not to providers ($1.50 per hour). The voucher system is used. Centers, however, get direct payment."

"The problem here is that some providers are not getting paid. The parents used this money for other bills first."

Suggested solution: both parents and providers should be required to co-sign the check to ensure the provider gets paid.

Sliding fee has been used for a very short time in Carlton County.

Twelve percent of daycare money is spent on sliding fee in St. Louis County.

"What is the need for sliding fee? Are we meeting 50 percent of the need?" (state senator)

The Lt. Governor said that only 25 percent of the persons needing it are served. There are waiting lists everywhere.

"To help alleviate the cost problem for a quality center, part of the fee could be picked up by parents and the rest paid by sliding fee. This would assist students especially."

WORTHINGTON CHILD CARE MEETING

July 15, 1986
7:00-9:00 p.m.
Worthington Senior H.S. Library
Worthington, Minnesota
60 attended

Perspective: Children As Investment

"Because child care is not being provided in a full-scale way, we will pay for it in other ways."

"The community needs to say that all children have a right to be cared for. This should be the expectation."

"Let's use our resources collectively and there will be less need for remedial work later. But this must come from the community."

"Our society has changed radically from a farm society, where it was necessary for children to work, and school hours were designed to meet that need. Education systems now need to change to meet the needs of dual-earner and nonfarm families."

Latch Key, A Need

"Licensing prohibits me from taking more than two school-age children. My experience is that shool-age kids can pretty much take care of themselves and just need someone there. This is why parents find shortages for this kind of care because the state won't let me take more."

Transportation from school to latch key sites is a problem.

"It's almost too big a problem for one group or organization to tackle alone. We need to blend our resources."

"We need to educate kids as to what are wise choices of use with their time after school. TV isn't a good use of idle time."

"The problem is meshing in school-age with preschoolers."

Quality Care

"Shouldn't we be asking, what do parents want for their childen, what kind of environment?"

"What do you want from me as your daycare provider?"

"Parents need quality care, not just supervision."

"What do we do with children who come from families where they watch TV? It produces stress to change a child's behavior patterns."

"I would be looking more seriously for quality care if I had to have my child somewhere from 8 to 5. I only need part-time care so I'm not too concerned."

"I want my kids to be kids. I don't want them to be taught all the time. I think they get too much of it. It's too much pressure."

"She's offering stimulation, but a child doesn't need to take advantage of it if it isn't desired. Nothing's forced."

"What are they going to be like at kindergarten age if we don't teach them these things?"

Nobles County offers cheap ($5.00) training sessions in child development. How to recognize child abuse is part of this course. "We have a progressive child protection team."

The county licensor contacts people who put family daycare ads in the local paper to be sure they have been notified of licensing requirements. "We want to improve the professionalism by seeking to ensure quality care."

"Some parents are intimidated by providers and do not claim their rightful child-care deductions."

Early Childhood Family Education Program

Responses from parents:

"For any parent who can take 1 1/2 hours to do this, it's excellent."

"The children are stimulated in every aspect they can be."

"I enjoyed the session."

"I think it should be required."

"Parenting is a job everyone has and no one is trained for."

"It creates high self-esteem to know we're doing fine as parents and share others' problems in being parents."

"Parents may want this training at each developmental stage of their child's life."

"ECFE is providing models for latch key and other child-care programs."

Sick Care

"I'm not against sick leave for parents with ill children, I'm just not in a financial position to allow it."

"Personnel policies should take into consideration their employees with children at home: sick leave, parental leave, etc."

Wages, High Cost

A family daycare provider receives $.75 per hour for one child, $1.10 for two children in the same family. "I'm doing a service to the community. Most of my parents are farm families in crisis."

For most family dacare providers, the ratios of adult-child are too high to afford: "We have trouble working with them."

"The county board says that family daycare providers have to be insured. About 50 percent tack the coverage onto their homeowner's policy."

A county licensor suggested a program for equipment lending, with money available for new equipment as children grow through their developmental stages.

"Cost is prohibitive to becoming licensed. Some have to pay up to $2000 just to become licensed."

Information and Referral

Nobles County provides information and referral for daycare; they receive five to six calls per day. Parents are provided with a booklet called "Parents Have Choices," which aids them in determining what quality care is.

Licensing

"Maybe we could give them more time to get things done" (provisional, conditional licensing).

"There should be a pitch to have the fire safety issue as an incentive to licensing rather than a disincentive. The way people think about it now--most people would benefit by this kind of instruction. It should be seen as a positive factor."

County Money for Child Care

Welfare board prices for Nobles County: $1.10 per child, $1.60 for two children in one family.

ST. PAUL CHILD CARE MEETING

July 16, 1986
7:00-9:00 p.m.
The Cathedral of St. Paul
St. Paul, Minnesota
80 attended

Wages

"All I'm asking for is more choices. I want affordable choices."

Salaries of providers are low and, therefore, the lack of qualified staff is great.

"We don't get paid for when the child is absent. You buy a car and whether you use the car or not, you still pay. You rent an apartment and whether or not you're there on the weekends, you still pay."

"The purpose is to increase the availability of care--sick care, infant care, school-age and part-time care by--
(1) identifying neighborhoods that are in crisis;
(2) seeking to increase the numbers of providers by two hundred;
(3) involving businesses to learn about the issue and how it relates to their employees' productivity and morale; and
(4) working with the Chanber of Commerce to find out about the needs of school-age child care."

Business Perspective

"The need is to increase the consciousness of businesses that this is an issue they need to be concerned about. On-site daycare is not necessarily the answer. The answer lies in helping to develop resources in the community."

An example is the St. Paul TVI's program to help with single mother's child-care needs--it provides 90 slots through business aid.

Licensing

"There needs to be money spent for recruiting family daycare providers. Ramsey County was increaseing its homes until October 1, 1985. It is now decreasing. "We have lost 120 homes. We just haven't had people applying."

"I look at licensing as a support service. Where has this gone?"

Training

"Who pays for training? Training is expensive and people just can't afford it."

"Providers need some incentive. There is none other than they love children."

Latch Key

"Where are kids going between ages 8 and 11? We need school-age latch key. They're becoming street kids and all the goes along with that. They know more than I do."

"We should recruit good family daycare people to do latch key."

"I recommend all-day kindergarten, latch key within the school system, and a pre-kindergarten program there also. You can avoid all the hassels with sliding fee if you already have these services in your community through the school system."

Sliding Fee/High Cost of Care

"I can't take a $15 raise that my boss wanted to give me because I would lost $790 of child-care benefits."

"It keeps me low income."

"I guess I'm luckier than some because I live with my mother. I was able to take a raise but I'll have to continue to live with her until I get more raises. I'm 74th on the list for sliding fee."

"It's so hard on the children because when you have to pay for child care yourself you go to cheaper, less quality care. And in six months when you're back on again, you choose high quality care. It's back and forth, back and forth."

"What my husband makes gross per week is what I would have to pay for quality child care for my five children. I have to settle for low quality child care with a teenager coming into my home. We can't afford for one of us to quit work. We no longer qualify for WIC, food stamps, and we have no health care."

"I walk through the doctor's office with a child with an ear infection and walk out the other door with $150 less. Why shouldn't we just quit our jobs and go one welfare? There's no incentive."

"And yet I agree that providers aren't getting paid enough."

School's Role in Child Care

"We need to be a little more innovative and less Neanderthal in our approach to child care. Let's use what is already in place. Let's expand the school system and the dollars we are already providing. Let's retrieve JPTA."

"Quality is not in the school system."

"The school system should not be overlooked. If we need to modify buildings to meet smaller children's needs, then let's do it."

City's Role

"City government is another player in this ballgame. We need to make city resources more available. St. Paul wants to put city dollars into child-care sliding fee. There are several things the city is attenpting to do to deal with this problem:
(1) Help educate the public about the importance of the issue
(2) Have city personel practices and services become a model to employers
(3) Have adequate licensing staff
(4) Demonstrate that local governments should put more money into the sliding-fee pot
(5) Allow the state to serve as a model employer to encourage others to follow suit in such areas as sick leave and parental leave"

Infant Care

"Because of the changing work patterns, our needs for child care are different. Twenty years ago when my first child was born, it was hard to find infant care. Most people stayed home until their child reached first grade. Then 15 years ago, when my second child was born, people were returning to work when the children reached three years old. Now, everyone goes to work as soon as they can, and the need for infant care is high."

Public Policy Needed

"Until we are willing to subsidize child care for everyone, we're going to have a problem. The greatest need is for good quality care for infants. This is a desperate, crying need we have not addressed."

"We need a public policy decision on what is child care."

ALEXANDRIA CHILD CARE MEETINGS

July 28, 1986
7:00-9:00 p.m.
Jefferson Senior High School
Alexandria, Minnesota
75 attended

Lack of Money for Child Care

"Money for child care is inadequate."

"Kids have been competing with ditches for priorities with the county board."

"Todd County spent over $100,000 of state/county monies. Now they have cut back because they can't afford to maintain their present level of effort. Todd has only 27,000 people and is spending $100,000 on child care. It's not meeting the need."

"Douglas County has a commitment to child care that goes back for 10 years. We can't continue to grow but we want to maintain our effort. But we need more help from the state."

"We estimated that our county needs about $600,000 for the sliding-fee program. The need is about 11,000 children. We are funding to about $100,000."

Need for Coordination

"There are so many different programs at the local level but there is no coordination at the top. We need coordination."

Working Women

"In rural Minnesota, farm women are going into the job market. Many aren't prepared for the emotional stress connected with finding child care."

"Right now, there are many women providing cheap child care. It's expensive to provide good child care. I think it won't exist in the future."

Incentives

"Part of the issue of cost is what our communities are willing to pay for our children."

"Teenage babysitters earn as much as professional child-care providers."

"You can't take people off the AFDC rolls without giving them appropriate child care. It makes no sense."

Business' Role

"Is there any thought of going to the industries to provide child care?"

"Too many companies offer only a minimum wage. And no benefits. We should make larger stores, like fast food companies, pay attention to the needs of employees."

"The majority of our workers are in small companies with no benefit packages."

No Infant Care Here

"Infant care does not exist in this community. Yet businesses offer no parenting leave."

"We should have a public policy about parental leave."

Licensing

"I do daycare. I see girls who are having a second child. The money spent on licensing should be given to services for support of teens."

"Why do family daycare homes have to be safer than the homes we come from?"

"How would I know where to find child care if I wanted to look for it. We have no formal system. What can we do to market child care?"

"Licensed providers give a lot of support to parents. We have too many providers who are not licensed. Licensed centers and daycare homes are not going to be able to exist. I know of no counties who are aggressive with licensing."

"There is very little difference between an unlicensed home and a licensed home."

"I really agree with the need for more incentives for licensing."

Coordination of Services

"How does a parent find a service for their child? Maybe the Early Childhood Family Education Program could be the place for a central resource directory?"

"The issue of separate licensing is to separate the place from the person."

Programs For Unwed Mothers

"I work with the unwed mothers. They must learn while they are still pregnant. They tell me that they are not going back to school because there is no place to take their children."

"When I was in the 6th grade, we had an excellent course called Mothercraft. I learned much and others did too."

"I ran a class for high risk mothers. We provided everything. But motivating these children is another thing. It gets back to teenagers and their values."

Latch Key Children

"The need for latch key programs is important."

"We get numerous child protection reports on seven- and eight-year-olds who really need school-age care. It's usually a babysitting issue and not a child protection issue."

Liability Insurance

"We are hearing about daycare centers that are closing down because of insurance costs."

"One positive note is that Rule 2 now waives the insurance regulations. Providers don't have to have insurance if they contact the parents."

"I'm a parent of a handicapped child. A need exists for a disabled child. Many others said that full time child care is not available for special needs children."

ROCHESTER CHILD CARE MEETING

July 31, 1986
7:00-9:00 p.m.
Edison Building Board Room
Rochester, Minnesota

Enforcement of Licensing Is Weak

The issue of unlicensed homes was discussed. What's being done to enforce the licensing standards?

"Why can parents continue to collect tax credits when they use unlicensed care?"

"We need to tie some of this into what is parent education. We need to educate more people as to what is needed to get licensed."

Fire Code and Safety Standards Are Too Strict

"Horror stories grow around Rule 2. The issue is fire saftey but providers are afraid of the regulations. I will leave daycare because of fire safety standards. They are too strict."

"One concern is that we have so many different agencies governing us. We are asked to be more safe than the children's homes."

Parent Concerns About Poverty

"I'm a single parent. Here is my personal experience with day-care. I work every other weekend and at different shifts. Finding daycare at different hours is very tough. I had a one-month maternity leave. I left my child in a bad daycare home. I'm still feeling guilty about having her in unlicensed care. When she quit, I found a teenager for the summer. She was my best sitter. Then I found a family locally. I left my kid in an unsupervised and unsafe home. My child is 21 months old and I have had five family daycare providers."

"In 1985 I earned $10,000 at my job. I paid $2,000 for child care. In 1986, I have received $6,000 and I paid $1,600 for child care. I can't afford it but I can't quit my job."

"My attempts to get help through the sliding-fee program were awful. I was told I would only pay $10 a month if there had been enough subsidy. But instead I paid $160 a month. I found after three and a half months that I was refused any help because the county did not have enough. I am not poor enough to receive assistance even though the gas company turned off my heat in June. I finally received food stamps. If I exceed by six hours the hours that I work, I will lose even this."

"The bottom line is that I choose to be poor. I wanted to stay

home to care for my baby. I need help now and I don't know where to turn. I can't go back to work without child care."

"Single parents are not alone. The most frustraing role is being a working mother. The issue is what is quality and what's affordable. The question is not which caregiver but how do I find any at all. Finding infant care is impossible. The first thing I thought of when I learned I was pregnant was who will take care of the baby? Shift time care is impossible to get."

"Quality child care is not a luxury. It's important to a parent's peace of mind."

"Other countries put their priorities on their children. There are a lot of models in Canada and Sweden for child care. We need to look at where are we spending our money and what do we want our future to look like."

Licensing Problems

"I take care of infants. I only care for two, so I'm small scale. There are so many hidden costs to daycare. One of my real concerns is insurance. I worry that I am not going to be able to afford insurance and that I'll have to quit."

"You need to be a lawyer to understand what the rules say. I rebel against the complexity of it all. I really enjoy what I do and I'll feel badly if I have to leave my work but I'm having a hard time just understanding the regulations."

"I'm coming from La Crescent in Houston County. I need to address the child-adult ratios issue. In the months of January through April, I turned down six calls for infant care. There is none in our county."

"I'm a parent and I don't know why I should choose a licensed home over an unlicensed home."

"I have the answer for you. You have some protection that the provider is qualified and that she won't take in too many other children or have a home that's not safe."

"I can't choose a licensed provider because there's none available for evenings and weekends."

School-Age Child Care

One provider says that it's an automatic reduction in income to take school-age children.

Kindergarten children are now considered school-age according to a recent Rule 2 decision.

Need for the Sliding-Fee Program

We need to have sufficient funds in the sliding-fee program so that all who are eligible get what they need."

"Do counties have any waiting lists? Not all of them do. People don't sign up for something that doesn't exist. We need documentation of the need before we can present a case to legislators."

"Who gets funded through the sliding-fee program is all a matter of chance. You can't expect people to live like that."

"The sliding-fee program is good because it is not means-tested. We should use it as the main source of funding."

"Sometimes the focus is lost. Perhaps, we as parents have to be regulators. We are the best judges of child care. We have to govern ourselves."

Too High Costs to Parents and Too Little Income to Providers

"We must evaluate the cost to the parent and compensation to the provider. We haven't come from a public policy standpoint to see how little we pay for our children."

"We have decided that public education is an entitlement. What ought we to be doing to make sure that all young children share in it? We must do this because these people grow up, and become our adults."

"It's too much for parents to pay but too costly for the provider."

"Daycare providers are worth their weight in gold."

"The problem of income and cost is not something that the providers and the parents can solve on their own."

Business' Role in Child Care

Flexible benefits are offered by employers.

"A significant number of businesses are offering flexible benefit plans. It's almost easier for the smaller companies to provide flexibility than larger ones."

Special Concerns in Child Care

"Sick care costs $3.50 an hour plus $20.00 enrollment fee. It's too high."

"We must get more private sector involvement. The issue of parents' comfort level is so important to the level of productivity."

For a career woman, overtime is a concern. Another issue is a nagging feeling children are being deprived of a whole range of activities. A whole block of things are being excluded because the parent can't be home to transport children."

"There is a lack of good daycare in rural communities and this is a concern. We have good people with one daycare in our community. When you have people in a small town, it's out in the country."

"Kids are coming home to a farm with no one there."

"I work for ARC. Quite regularly we receive calls for children of higher ages but we can't help these special needs children."

"Lack of child care keeps a family at one level of income. It keeps families in poverty."

"There needs to be a level of care increment to care for children with handicaps."

"You have the problem of being less visible than we are. But what you are doing is important. Those of us who care for young children don't receive much credit or money."

"We're spending the money at the wrong end of the continuum."

Appendix H.
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